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ADDRESSES.

*CHRONIC RHEUMATIC LARYNGITIS, OR CHRONIC RHEUMATIC SORE THROAT.**

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THIS is a painful affection of the throat, chronic in character, but varying much in severity from time to time, and attended by only slight physical changes in the parts involved. Usually some part of the larynx is involved, and, as in the first case of the kind observed, this organ was always implicated. The first-given name was applied to the affection, but as numerous other cases have been observed in which other parts of the throat have been affected, and this at times without involvement of the larynx, the name chronic rheumatic sore throat may be more appropriate. It is an affection of comparatively frequent occurrence, which has doubtless existed from time immemorial; but, so far as I was able to discern by a careful search of the Surgeon-General's library at Washington, no description of it had been given prior to that which I presented in my paper on the subject to the Ninth International Medical Congress, held at Washington, September, 1887.

The affection is so frequently met with, and one which causes so much anxiety, that I make no apology for again directing the attention of the profession to it, believing as I do that its recognition by the general profession will often save patients an infinite amount of mental distress, as well as much physical discomfort.

The affection is frequently mistaken for a simple neuralgia of the parts. Unfortunately, it is sometimes supposed, even by the physician, as it generally is by the patient, to be one of the early manifestations of cancer. In one case of the kind which came to me from a neighboring State, the physician being unable to detect the cause of the pain, and discovering something which to him appeared abnormal, had unfortunately told the patient that it had the appearance of cancer. Even though months went by without the development of any lesion, and even though others beside myself repeatedly assured the patient and temporarily convinced him that it was not cancer, yet the unfortunate diagnosis, which corroborated the one he had himself made, so preyed upon his imagination that he became a monomaniac upon the subject, and finally, to retrieve himself of the threatening spectre, committed suicide.

I have said that I was unable to find any description of the affection in medical literature. However, affections similar, in some respects, have been described as neuralgia of the pharynx or larynx. Of the latter condition, Morell Mackenzie, in his classic work on "Diseases of the Throat and Nose," says: "It is apparently very rare. I have met with only nine cases. In these cases the pain was either on the right or left side, and darted from the larynx to the ear. It was usually confined to one side. In all cases it was distinctly intermittent, and in three cases it was relieved by pressure. Eight of the cases recovered under

*Read before the Illinois State Medical Society, May 17, 1888.

the persistent use of quinine and local sedative applications, but all were obstinate."

Of neuralgia of the pharynx he says: "The affection has not hitherto been accurately described," but he states that he has seen many instances of the disease, mostly in young girls, though he did not consider it hysterical. This, like the laryngeal affection, was obstinate.

Hanfield Jones, Clinton Wagner, Schnitzler and Turck have reported similar cases, and at the last meeting of the American Laryngological Association, held in New York, May, 1887, Dr. Chapman, of New Haven, reported several similar cases which he believed to be of neuralgic origin. I have seen many similar cases which were not of rheumatic origin, but I suspect that not a few cases, which have been described as simple neuralgias, were dependent upon a rheumatic diathesis.

Chronic rheumatic sore throat occurs much the most frequently in men, and it is more common in the fall and spring months than at other times, though it is not infrequent in winter, and it occasionally continues during the warm weather all summer.

The patients in whom I have observed it have all been adults, varying in age anywhere from 25 to 60 years. I have seen it in all classes,—in the seamstress and in the lady of luxury and ease; in the day-laborer and in the millionaires; in the farmer, the merchant, and the professional man. Indeed, it attacks all persons with the same impartiality as does rheumatism, but it is more frequent in those who are subject to sudden exposure.

The disease presents no anatomical characteristics, but in most cases there are circumscribed spots of slight but changeable congestion and swelling.

That it is due to the same cause as rheumatism is proven:—

1. By the facts that nearly, if not all, the patients have inherited or acquired the rheumatic diathesis, and are subjected to rheumatic pains in other parts of the body.

2. That these pains observe the same laws as the other rheumatic pains as to intermission, remission, or exacerbation, with varying conditions of the weather, and—

3. By the fact that only those remedies and surroundings which have proven most useful in the treatment of rheumatism seem in any way influential in curing the disease.

The affection comes on insidiously or suddenly, as the case may be, but usually has existed for weeks or months before the patient consults a physician. In many of the cases that have come under my observation I have found that many physicians have been consulted, and that almost as many different diagnoses have been given. In some of them the patient has become alarmed from fear of tuberculosis or syphilis, but in most cases there is a fixed fear and dread of cancer.

In most cases the general health is good. The patient complains of a localized pain and tender spot over the larynx or upper portions of the throat, and occasionally of pains radiating toward the ears and in other directions, as in neuralgia. The pain may be referred to the thyroid or cricoid cartilage. It may be experienced in the trachea, and it may or may not be aggravated by phonation or deglutition, but it is nearly always increased by pressure. More commonly, however, the pain is referred to the cornua of the hyoid bone, and it is more frequent on the right than on the left side. It is occasionally referred to the tonsil, or to the sides of the tongue, or upper portions of the pharynx, but during the course of the disease it is apt to shift from place to place; however, being more intense in some of the localized spots just referred to.

Frequently these patients suffer from slight rheumatic pains in other parts of the body, which are liable to be confounded with neuralgic pains. Sometimes, in addition to exclusive pain, the patient will complain of a sense of fullness or swelling, of dryness, burning, tickling or itching, or simply of discomfort in the parts. There is neither fever nor acceleration of the pulse, excepting as the result of anxiety or alarm. Usually there is neither cough nor expectoration, but in certain localities the irritation may excite cough. The tongue may be slightly coated, but usually the appetite is good, and, indeed, the general condition is that of perfect health.

The affection is liable to be mistaken for varicose veins, or enlarged glands at the base of the tongue; chronic follicular tonsillitis, or glossitis; syphilitic or tuberculous sore throat; for neuralgia, or tobacco sore throat, or cancer. Varicose veins, or enlarged glands at the base of the tongue, and chronic follicular tonsillitis or glossitis, all give rise to various symptoms similar to that complained of by those suffering from the disease under consideration, but

in all these a careful inspection will readily reveal a sufficient cause for the discomfort.

Syphilitic sore throat may give rise to painful spmptoms, but they are usually associated with ulceration, which does not occur in chronic rheumatic sore throat.

Tuberculous sore throat causes localized pain, but it is attended by swelling or ulceration, and by constitutional symptoms which do not appear in the rheumatic affection.

What has been termed "the tobacco sore throat" may or may not be attended by *plaques*, which would distinguish it from the rheumatic affection.

In every case the diagnosis must be based upon a careful study of the history and the patient's habits.

Neuralgia cases sometimes, like those of rheumatism, can only be distinguished from the latter by the history and absence of the localized spot, a slight congestion and swelling, and occasionally by the difference in the sensations caused by pressure. In neuralgia the pain may sometimes be relieved by pressure, whereas it is likely to be aggravated in rheumatism; and in neuralgia the pain is less frequent, more affected by fatigue, and less affected by changes in the weather than in rheumatism.

In most cases of cancer the tumor, or irregular thickening of the parts, or ulceration, will usually distinguish it from rheumatism, and in other cases the history and progress of the case will soon enable one to make the proper diagnosis.

The prognosis is probably always favorable, so far as life is concerned, but the disease may continue for months, or even years, though by appropriate treatment it may be cured in from six to twelve weeks.

In the treatment, I have found considerable benefit from local sedative or stimulant applications, according to the nature of the case, but have placed great reliance upon those internal remedies which are indicated in rheumatism of other parts. Of these, salycilate of soda, iodide and bromide of potassium, salol, cimicifuga, phytolacca, guaiac, oil of wintergreen, and stillingia, have all been tried with more or less benefit, but I think I have derived the best results from the extract of phytolacca, gr. iii or iv, three or four times a day, with tonics and gentle laxatives, and the occasional use of iodide of potassium, or the bromide of potassium, when the throat symptoms were very annoying. As local applications, I have derived most benefit from the spray, consisting of a mixture of morphia, gr. iv; carbolic acid and tannic acid, āā gr. xxx; glycerine and water, āā ʒiv.; to be applied once a day, or a weakened solution of the same applied more frequently; but in some cases tincture of iodine, a sixty-grain solution of nitrate of silver, or a superficial application of the galvano-cautery, has proven useful.

The all-important thing is to be sure of the diagnosis, and to convince the patient that it is not a mortal disease.

Those who are especially interested in the subject, I would refer them for report of cases, etc., to my previous paper, which will be found in the January number of the *American Journal of the Medical Sciences*, or the forthcoming "Transactions of the Ninth International Medical Congress."

I have seen many cases of the kind,—probably thirty or forty in all,—but will add reports of two only, simply by way of illustration.

Case I.—M. M., thirty-five years of age, a laborer, consulted me only a few days since. For four years or more he had been troubled more or less with his throat, complaining of soreness, or rather discomfort, in the region of the hyoid bone, which was not affected by swelling. He also complained of the sides of his tongue, and, owing to the frequent annoyance and numerous diagnoses, he had imagined various lesions on the tongue, such as cracks, blisters, etc. During fine weather, either winter or summer, he was frequently free from discomfort, but with changes in the temperature and hygrometric conditions of the atmosphere, he would again be troubled with the dryness, itching, or discomfort which he called soreness, although he admitted it was not actual pain. He had consulted various physicians and had obtained as many different diagnoses. Finally he had become alarmed, believing the trouble to be malignant. I found that he was subject to rheumatic pains in other parts of the body, though he was not subject to neuralgic pains, and that the parts complained of were in a normal condition. Therefore, I did not hesitate as to the diagnosis and the remedies to be employed. This was almost a typical case, though from the descriptions I have given of others it will be found that the throat pain

often moves to different parts more than it did in this instance.

The following case illustrates the more severe manifestations of the disease:—

Case II.—The patient, C. D., aged thirty-one, railroad clerk, came to me in September, 1887, complaining of soreness in the fauces and larynx. He stated that eighteen months before he had been attacked by a persistent tickling in his throat, which was now succeeded by pain. At that time the difficulty had become very aggravating, and finally he had been sent south for the winter. After several months he had obtained relief, and subsequently had been quite well until shortly before consulting me, when he found it difficult to speak because of a "catching" sensation in the throat, and he was much alarmed for fear of a repetition of his former sickness. His general health was good. There was neither fever or excitation of the pulse, and his digestive organs were acting perfectly. Upon examination of the fauces I found the right tonsil much enlarged, and presenting, besides several diseased follicles, a sore spot on its anterior surface, which extended on the anterior pillar of the fauces. This spot was about half an inch in diameter, very red, but not swollen. On touching it great irritation was produced, which simulated that from which he constantly suffered. Although the patient had never suffered from rheumatism, the absence of constitutional symptoms and the absence of specific or tuberculous taint, together with the history of his former attack and the variability of his symptoms with changes of the weather, led me to suspect rheumatic sore throat.

Applications of tincture of iodine, or solutions of mixture of silver, only aggravated his trouble, and even troches of guaiac were irritating, in consequence of the peculiar sensitiveness of his throat. I then removed the tonsil, but without apparent benefit so far as symptoms were concerned. After the healing of the wound he still complained of a tickling and soreness in the throat. At this time—five weeks after he consulted me—the only abnormal appearance consisted of circumscribed redness on the right pharyngo-epiglottic fold. This was touched with mildly-stimulating pigments, but without benefit. Indeed, the pain was increased by the remedies. Anti-neuralgic remedies—colchicum, salol, and guaiac—were given internally, but without apparent benefit. Though at times the patient's symptoms became much better, they would soon be aggravated, apparently by changes in the weather. The patient passed several weeks in great discomfort and in extreme anxiety, a part of the time being scarcely able to attend to his work; but finally, after the trial of many local and constitutional remedies, I ordered for him, to be taken in capsules four times a day, the extract of colchicum, gr. ss; extract of phytolacca, gr. ij; salol, gr. iij. He obtained immediate benefit from these, and in a few days was completely cured of the affection, which has not since returned.

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*RECURRENT HEMORRHAGE OF THE UPPER AIR-PASSAGES.**

By DR. WILLIAM PORTER,
ST. LOUIS.

MR. PRESIDENT: You have asked me to speak on a most interesting topic. I will not attempt to present it fully, but rather to make some suggestions along which the line of argument may run.

First, let me limit the geographical boundaries of the term, "upper air-passages." Epistaxis forms the subject of another discussion, and we will not include that at this time. Bronchial hemorrhage is rare except as a complication of pulmonary involvement, and when found is discovered by the use of the stethoscope rather than the laryngoscope,—by hearing rather than by sight. While many of us include diseases of the chest in our field of work, it is proper here that we should, as far as possible, confine our remarks to laryngological topics only. Excluding, then, for these reasons epistaxis and hemorrhage from the bronchial tubes, let us turn our thoughts to recurrent hemorrhage of the larynx and pharynx. Again, I think we need consider those cases only in which the hemorrhage is of idiopathic origin. Interesting essays have been written upon such themes as hemorrhage following uvulotomy (Morgan) and tonsilotomy (Lefferts), but such phenomena these and other writers upon kindred subjects have mentioned can scarcely be called recurrent, but rather persistent and constant. Two cases may be used as illustrations of our subject.

The first was recurrent hemorrhage from the larynx. Miss K., about eighteen years of age,

*Opening discussion section on Laryngology, Ninth International Medical Congress, 1887.

with good family history, consulted me because of frequent bleeding, which she feared originated in the lungs. She had had some hoarseness, and at times soreness in the glottic region, but not constantly. A careful examination of the chest did not enable me to locate the lesion. At that time I could not discover any abnormal condition suggesting hemorrhage in the upper air-passages, although there was a chronic laryngitis and pharyngitis. A few days later she again called. She had been bleeding slowly for some hours, and was still expectorating blood at intervals. This time the source of the hemorrhage was found. A small perforating ulcer, which had escaped my attention at first examination, was seen on the right ventricular band, and, after removing all the exuded blood by absorbent cotton, the fresh blood could be observed coming from the ulcer. A solution of iron and glycerine promptly controlled the hemorrhage. There was recurrence of the hemorrhage several times and the ulcer healed slowly. Rest was enjoined, phonation restricted, and after two weeks there was no return of the bleeding. There has been entire absence of the bleeding for two months, and the laryngitis under treatment has improved, though not entirely relieved.

Where there is extravasation of blood into the submucous tissues of the larynx serious complications may ensue, and death may quickly occur from obstruction. One of the most interesting monographs upon this subject was published by Dr. Gleitsman in the American Journal of the Medical Sciences, April, 1885. After recording a typical case of his own he mentions a number reported by others (Mandl, Fränkel, Lewin, Hartmann, Wagner, Ingals, Knight, Morgan). Some of these gentlemen, being present, will doubtless recall the cases to which I refer. Hemorrhage from the larynx is not a disease; it is but a symptom, and must be treated as such. Generally resulting from some form of laryngitis,—simple, tubercular, or, in rare instances, syphilitic,—yet a prominent factor in its production may be a faulty heart action. In one case, at least, topical applications were insufficient until the heart, unable to do its work through mitral lesion, was aided by rest of the body and digitalis.

Hemorrhage from the pharynx may easily be mistaken for hæmoptysis. In 1882 I reported two cases to the American Medica Association in the section on Laryngology. In each of these cases there was some slight pulmonary lesion, and when the hemorrhage appeared it was but natural to think that its origin should have been in the lungs, and in each the true site was in the pharynx. Since then I have seen several similar instances, the following case being typical:—

Mr. N., a young attorney of St. Louis, having had, during previous years, several attacks of bronchitis, was one day surprised by the rapid discharge of blood from the mouth. He was sure the hemorrhage came from the right middle lobe, where he had had some pain during the attacks of bronchitis mentioned. The bleeding had ceased when I saw him, and, although there was evidence of a slight chronic bronchitis, the percussion note, vesicular murmur, and rhythm were normal. Some days afterward Mr. N. again came. He had had a slight bleeding several times during the day. In my search for the source, I passed a bent, cotton-covered probe into the upper pharynx, and was rewarded by the reappearance of hemorrhage, the blood trickling down from behind the soft palate. Suffice it to say that a small ulcer was found on the posterior wall of the velum, a little to the right of the median line, and I need scarcely add that, with this discovery, all fear of lung complication speedily passed from the patient's mind. There was no further hemorrhage, the ulcer rapidly disappearing under slight treatment.

The thought which I would offer in submitting these condensed histories is that hemorrhage from the upper air-passages is not infrequently a complication of chronic inflammation of the larynx or pharynx, and that it may be mistaken for hæmoptysis or even hæmatemesis. This being admitted in all cases of hemorrhage from the respiratory tract of doubtful origin, there should be careful examination of the upper air-passages.

Addendum.—Since the above paper was presented to the section the following typical case has been added to my record:—

Mr. L., of New York, was seen in May, 1888, and gave this history: Six years ago had pneumonia, with slow convalesence, and six months after had hemorrhage, which the physicians said was due to the pneumonia.

He had no further evidence of pulmonary disease for over five years. A week before I

saw him he suddenly began spitting blood, and felt an uneasiness in right chest,—the supposed site of the former attack. The hemorrhage, which was not at any time great, continued with short intermissions until my examination.

The chest, so far as could be determined, was normal, and the larynx healthy. There had been no bleeding for several hours. Remembering my former experience, I passed a cotton-covered probe up behind the pharynx, which came away covered with blood. A clot was removed, and a large superficial ulceration found at the pharyngeal vault.

It is needless to add that with the termination of the hemorrhage the patient forgot the pain in the chest, regained his appetite, and resumed his business.

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INTRODUCTORY LECTURE.

THE PHILOSOPHY OF HEPATIC AFFECTIONS.

By JOHN AULDE, M.D.,
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IN the diagnosis of hepatic diseases we have two general divisions to guide us in the study, the one complementary to the other. Thus we have pathological conditions and clinical signs or symptoms. The pathological changes may be obscured by the involvement of other tissues than those originally affected. The diagnosis of abscess may be difficult by reason of the attending inflammation, either acute or chronic; that of cancer may be well-nigh impossible in the absence of clinical history pointing in that direction. Pain and tenderness in the latter disease are signs not often wanting, but the general physical condition of the patient, the diffused and, at times, fugitive character of the pain, with comparative freedom from pain when the peritoneum is not involved, are all calculated to mislead the diagnostician. These difficulties cannot well be appreciated without a comprehensive summary of the functions of this organ, its anatomy and physiology; and along with these comments I shall refer incidentally to some of the diseases liable to be met with, and which are likely to interrupt or seriously interfere with the performance of its normal functions. These conditions generally antedate the symptoms of a departure from health, and I have therefore selected for a topic, "The Philosophy of Hepatic Affections," in order the better to place you *en rapport* with the instructions which are to follow. What the kitchen is to the hotel, the liver is to the body. If the food is improperly cooked, the guests make serious complaints to the landlord, and he in turn enters complaint against the superintendent of the culinary department. You can very well understand how this state of affairs comes about. One says the meat is underdone, another that it is overdone, while a third complains about the pastry, a fourth suggests an improvement in the hash, so that the entire system is threatened by the friction set up in this particular department. The liver is possessed of a double function; it is a secreting gland, but it also performs a function which is in the nature of excretion. If these different functions are not properly and promptly attended to, there will be friction. The complaints will manifest themselves in various ways and at various times. Probably the first to complain will be the digestive system; intestinal dyspepsia is set up, and immediately there follows headache and languor, lack of ambition, and unwillingness to long continue at any particular piece of work. The demon of unrest takes possession of the mental faculties, and, as a compromise, the physician at once advises his patient to recuperate by means of a trip to the seashore or the mountains, believing that good will be accomplished by a change of scene, new friends, and new surroundings. Freedom from care and a change of diet will often work wonders; the exhausted nervous system takes a new lease, and the functions of the liver are performed more nearly perfect than when the patient was suffering from the effects of general depression, sometimes called neurasthenia, although better known as nervous prostration. Derangement of the function is frequently responsible for this new disease which has lately been injected into our modern nomenclature, and the distressing mental condition of the hotel-keeper corresponds very well with the situation of a patient who unfortunately becomes the victim of liver troubles. After dyspepsia comes melancholia, and even mania; then follow heart and kidney disease, often as a result of impurities in the blood, and the sufferer becomes a burden to himself and friends. You may not have seen them, but in the course of your experience as a physician

you will be called upon to deal with "the mind diseased," and you will learn, too, that "There be more things, Horatio, twixt heaven and earth than are dreamed of in our philosophies." If you would have your patients bless you, if you desire to live happily and with comfort yourself, see that the liver, the kitchen of the body, is in a healthy condition, and able to take care of the products that are offered for its manipulation.

Anatomy and Physiology. — Anatomically the liver is a gland weighing from three to four pounds, situated in the right hypochondriac region. It is suspended by a fold of the peritoneum called the broad ligament, which divides it into two unequal portions. In width transversely it is from ten to twelve inches, and at the thickest part is about three inches. Above it is in relation with the diaphragm, and below to a small extent with the abdominal parieties, and is maintained in position by five ligaments, although its position varies with the posture of the body. There are also five fissures, one of which transmits the hepatic artery and nerves, hepatic duct and lymphatics, as well as the portal vein, and this is called the portal fissure. These vessels are surrounded by a membrane called the capsule of Glisson. Five ligaments, five fissures, and five vessels, so also there are five lobes, and in addition there is a proper nerve supply. In structure the substance of the liver is composed of lobules, small granular bodies ranging from one-twentieth to one-tenth of an inch in diameter, and, according to Gray, "each lobule is composed of a mass of cells, of a plexus, of biliary ducts, of minute arteries, and probably of nerves and lymphatics."

The portal vein carries the blood to the substance of the liver, and it is thought that from this blood the bile is secreted; the hepatic vein carries the blood from the organ, emptying its contents direct into the vena cava. Whether well founded or not, it is believed that the hepatic artery supplies the blood for the nutrition of the coats of the large vessels, the ducts and the investing membrane of the liver. The vascular system of the liver also includes the interlobular, the intralobular, and the sublobular veins, which converge to form three large trunks. The gall-bladder is composed of three coats, and receives the bile.

One of the functions of the liver, as has been stated, is the secretion of bile; but this is not wholly an excrementitious substance, as it has been demonstrated that it has an important influence in the matter of digestion. Cholesterine, on the other hand, which is supposed to be largely due to destructive metamorphosis dependent upon brain work, is an excrementitious substance, and when not properly discharged from the system a diseased condition is set up by its presence. Chemistry has shown that the biliary salts are combined with soda; thus we have glycocholate of soda, a crystalline substance, and taurocholate of soda, of a resinous consistence. In addition there is found in the bile the ordinary inorganic salts which need not be referred to in this connection, as this subject will receive full attention in another section of the course. What I desire to impress more particularly upon your minds is the fact that the normal condition of this organ demands attention. The daily excretion of two pounds and a half of bile is a function which will require careful investigation; especially is this true when the normal discharge of this substance is impeded or interrupted, as in the case of jaundice. The functions of the bile, although apparently a superfluous secretion, are of great significance, and furnishes an illustration of the conservative processes of nature. Forty years ago, Bernard first discovered that sugar was formed from the blood in the liver, and this phenomenon is now called the glycogenic function. The proof of this assumption is demonstrated by the fact that withholding both sugar and starch does not altogether interrupt the formation of this substance. Glycogenic matter is similar to starch, and undergoes transformation into sugar with facility; but we have not the time to open the question of the influence of the kind of food upon this function, except that here we may call to mind an observation of some practical value, viz., diabetes, a disease characterized by the production of sugar which is found in the urine, may be produced artificially by irritation of the floor of the fourth ventricle, a fact which forces us to the conclusion that the nervous system is an important factor in the development of diseases of this organ.

We have now considered hastily some general features in connection with the anatomy and physiology of the liver. Like all other organs and tissues of the body, it is subject to various diseases, some of which are peculiar to itself. My object to-day will be confined to an

attempt in the way of a general review of these affections, more for the purpose of familiarizing you with their general characteristics, with a view to enable you to discriminate between the gross morbid conditions, rather than to drill you in the mysteries of differential diagnosis.

In the preceding remarks you will notice that I have hinted at more than I have taught. The outlines simply have been indicated; it remains for you to explore the territory within that section, extending from time to time your intellectual horizon by investigations beyond. If undertaken in the proper spirit, and with a firm determination to observe faithfully and think correctly, I can assure you these excursions will prove both pleasant and profitable.

Classification of Liver Diseases. — Any method of classification that suggests itself must of necessity be more or less imperfect and artificial, from the fact that the different affections depend one upon the other to such an extent that few of them can be properly considered alone, and these inter-relations again are of advantage for our present purpose, as we are the more forcibly reminded of the interdependence of the various functions. Ordinarily we should divide affections of the liver into congenital and acquired, but as I do not purpose considering here the subject of pathological anatomy, that plan may be dismissed. Another plan which suggests itself is the division into acute and chronic diseases; but it appears to me that we should only thereby multiply unnecessarily the number of topics for discussion, the result being that you would become more mystified than ever. In any general plan, the object is to avoid uncalled-for repetitions, which in the main are calculated to show more learning than judgment, and as a method of classification I have concluded to adopt that which appears to me the most natural, viz., the two divisions named functional and organic, or structural lesions.* This division will include nearly all of those diseases directly connected with the organ in its anatomical and physiological relations, and I shall therefore for the present endeavor to give you a bird's-eye view of the conditions attending the diseases as seen in these two divisions, leaving the points for differential diagnosis until we have become somewhat familiar with the gross appearances.

* See Pepper's "System of Medicine;" article "Diseases of the Liver."

FUNCTIONAL DISEASES.

The symptoms attending functional disorders of the liver my be briefly summarized as follow:—

Biliousness, occurring either alone or accompanying attacks of intermittent fever, with or without malaria. The same condition may be caused as a result of medication. Certain medicines, when given to an extent to produce physiological effects, favor the development of that condition known as biliousness; the use of improper food, or the gluttonous use of proper food, as well as alcoholic excess, will likewise do it, while gastro-intestinal catarrh is a factor which should not be overlooked.

Lithæmia may be classed as one of the functional disorders,—a condition due to an excess of urates and uric acid, the latter being a product due to imperfect metabolism.

Hepatic Glycosuria is a condition favoring biliousness, due to the temporary overproduction of grape-sugar.

Jaundice is a well-known and easily-recognized departure from a healthy condition of the liver, but jaundice is not always due to the same cause. It may be what is termed "hæmatogenous,"—a form of jaundice caused by the disorganization of the blood, by which the coloring matter is separated. Hepatogenous jaundice, on the contrary, is caused by a superfluous amount of bile, and may be due either to overproduction or to the failure of the liver to discharge the bile as formed, or possibly the bile may not be separated from the blood on account of defective work on the part of the liver. It will thus be seen that although functional disorders of the liver are not numerous, they are quite complicated, their diagnosis difficult.

ORGANIC OR STRUCTURAL DISEASES.

Hyperæmia, while not properly in its incipiency an organic disease, often results in structural lesions, and is appropriately classed under this head.

It may be caused also by excess of food, the suppression of discharges, as in the case of rectal or uterine hemorrhages. It may be due to mechanical causes, as from heart affections, pulmonary diseases, or from pleural effusions. Climatic influences have something to do with the development of hyperæmia, and in this connection should be mentioned malaria and the intermittents.

Perihepatitis is a structural lesion, and may be due to traumatism, contusions, or wounds. It is not infrequently produced by compression, as in the case of tight lacing, and by the method of supporting the clothing of men. Appearing as a secondary condition, following inflammation of contiguous tissues or organs, it is none the less perihepatitis.

Interstitial hepatitis, sclerosis, or cirrhosis, is also a structural lesion, attended by thickening of the interstitial tissues of the organ and hardening, with or without enlargement, and may occur as a congenital affection, although this is rare. As a rule, it is largely due to the habitual use of spirits, but is occasionally seen in connection with syphilis, in malarial poisoning, and in obstruction of the bile-ducts, as in cancer. In the latter case it is not improbable that the cancerous tendency is developed in this part of the economy as a secondary affection. Obstruction of the circulation is sufficent to cause its appearance, and it will be found in connection with closure of the hepatic or the portal vein. Poisons, such as antimony, arsenic, and phosphorus, are supposed to act in causative relation to this disease, and, lastly, it may be, follow an attack of perihepatitis.

In making a running commentary upon these subjects, the use of technical language may be so unfamiliar that you will not be able to grasp the full meaning of my remarks, but, with the friendly aid of a pocket dictionary and the industrious use of your note-books, it will not be long ere you can follow me, and have a very good understanding of the drift of my remarks. For the present it will be as well to have some of these words defined, that you may not be wholly in the dark.

Abscess of the Liver (*Suppurative Hepatitis*).—The causes leading to abscess of the liver are numerous, and the principal ones may be enumerated as follow:—

Climatic influences; rich and highly-seasoned food; alcoholic drinks; sex (a large proportion of these cases being males); temperament (the lymphatic and nervous being more susceptible than others); the passage of biliary calculi; contusions and wounds; the condition of the portal and hepatic veins and the hepatic artery, an illustration of the latter being seen in the frequency of this affection in persons suffering from inflammation of the lower bowel, as in proctitis. Abscess of the liver has been found accompanying chronic dysentery, and it is now well recognized as succeeding frequently ulceration of the stomach, of the intestines, and of the bile-ducts, etc. It will be regarded, therefore, as primary or secondary to other affections of the system; but it should be noted that it may also develop from such causes as embolism, from septic infection, from osteomyelitis, and from parasitic organisms. Finally, we have to state that abscess of the liver may occur from causes unknown, or, we should say, from causes which are not discoverable.

Acute Yellow Atrophy of the Liver is a rare disease, the causes of which are yet somewhat uncertain. It will be considered in connection with phosphorus-poisoning later on.

Cancer or Carcinoma is both a primary and secondary affection, and the same rules apply to its diagnosis as when it appears in other organs or tissues. The diagnostic signs will be considered in the proper order.

In conclusion, it may be remarked that the various other affections of the liver to be taken up in the regular order will be the following: Amyloid, waxy or lardaceous liver; fatty degeneration of the liver; affections of the biliary passages, biliary concretions, etc.; diseases of the portal vein, and, lastly, parasites of the liver. This will embrace the headings for the study of the symptoms and diagnosis of hepatic affections, and it is desirable that you should become sufficiently familiar with the subject that you can give the points required in differential diagnosis readily; but to do so you will have to go about the study systematically and intelligently. This question thoroughly mastered will form an important stepping-stone to your future progress, and contribute materially to success in the practice of the healing art, and is therefore earnestly commended to your careful consideration.

ORIGINAL COMMUNICATIONS.

A CASE OF CHRONIC URTICARIA.

By GEORGE A. HEWITT, M.D.,
ST. PAUL, MINN.

A YOUNG MAN, about twenty-five years of age, bearing the historical name of Defoe, consulted me on January 21, 1884, on account of a skin affection, to which he had been subject for about a year. The eruption, preceded and accompanied by intense itching and burning, occurred in the form of variously-

shaped and colored wheals, which, after several hours' duration, would disappear as suddenly as they came, leaving the skin reddened for some time. The case was clearly one of urticaria, but unusually persistent. His appetite, digestion, and bowels were in good order. His tongue was dirty from tobacco, which he used to excess.

Wheals were of daily occurrence, and invaded almost literally every portion of his body in turn, not even excepting the palms of the hands and soles of the feet. The location had no connection with particular nerve-tracts. The dorsum of the foot, however, was never affected. As the lesions disappeared the positions which they had occupied were left tender. As the patient expressed it, "the places felt as if they had been bruised." It was, in fact, this soreness of which the man especially complained. The soles were often left so tender that he could scarcely walk. No numbness or tingling was ever produced.

Rheumatoid pains were sometimes experienced in neighboring joints. He had never had inflammatory rheumatism, gout, gonorrhœa, or syphilis. The disease was more troublesome in summer than in winter. His skin was habitually active,—in fact, he was rather given to free perspiration. He came in once to show me a large wheal which was just making its appearance. It was of an oval shape, about two inches long and one inch wide. It was formed by the aggregation of a number of wheals, several of which could be outlined. The patient was of neurotic temperament, but not prone to morbid nervous manifestations. He had never suffered from neuralgia or chorea. The malady, however prolonged and annoying, had never produced any constitutional symptoms. He was well nourished and strong, and, were it not for the skin trouble, would consider himself particularly healthy.

Medical treatment was of little or no avail. Internally I tried alkalies, arsenic, Donovan's solution, and—on account of the joint-pains and the occasional association of urticaria and rheumatism—the wine of colchicum-seed. Locally I prescribed alkaline and carbolized lotions.

A few weeks after he applied to me he went to some springs in Colorado, near Denver, where he remained for several months. He tried chalybeate, alkaline and sulphur springs, both drinking and bathing in the waters, but received no benefit whatever.

During the succeeding fall and winter (1884–5) he traveled down the Mississippi on a flat-boat as far as New Orleans, hoping that the change of climate and mode of life would prove curative. This hope was not realized. The attacks persisted, both during the journey and his stay in the city. Two months, however, after his return (May 31, 1885) he informed me that he had been free from attacks for the preceding month. He ascribed his immunity to the disuse of cigarettes, which he had given up at that time, though he continued to smoke cigars.

I have never seen the man since. Whether the improvement was permanent I am consequently unable to report.

MEDICO-LEGAL NOTES.

By HENRY A. RILEY, Esq.,
NEW YORK.

TWO or three recent cases are of interest to obstetrical practitioners. In one of these, before a Minnesota court, a person shot and killed a dog near the residence of the plaintiff. The wife of the plaintiff was near by and saw the shooting, although she was not seen by the sportsman. It appeared that the lady thought the gun was aimed at her, when in fact it was aimed at right angles to the direction in which she was.

As a result, she was greatly frightened and suffered serious injury, being in a state of pregnancy. The husband then brought an action for damages, but the court ruled against him. Persons are usually in law held responsible only for the immediate and direct results of their acts, and the judge said that "it is very clear to us that the killing of this dog was in no sense the proximate cause of the injury to the plaintiff's wife. The act in itself was not a tort of any kind against the plaintiff, as the dog was not his property. The injury to the woman would have been presumably the same whether the killing of the dog was lawful or unlawful, and whether the defendant had fired at the dog or at a bird in the air. If the acts of the defendant amounted to any tort which, in any possible view of the case, could be held to be the proximate cause of the injuries complained of, the gist of it must be negligence in shooting in such proximity to a human residence as might naturally and reasonably be

anticipated to be liable to injure the inmates by fright or otherwise. We are by no means prepared to say that, upon the evidence, a verdict for plaintiff could be sustained even on that ground." A case in an Illinois court was cited where it appeared that a pregnant woman was injured by fright caused by a quarrel between her husband and another person, neither of whom knew of her being near. The court in this case said: "It would be a very inconvenient rule if a man could not indulge in a quarrel with a married man without first making sure that his wife was not in hearing and not in a state of pregnancy."

In another late case in Wisconsin a pregnant woman was arrested, and when in prison some months later gave birth to a child. The physician in charge did not notice anything peculiar in the child at the time, but a year and a half afterward found it to be defective in the brain, spinal cord, and nervous system. In an action for wrongful imprisonment it was sought to be shown that the condition of the child was owing to the shock felt by the mother on account of her arrest, and the testimony of the physician was very important in substantiating this theory. The court held, however, that the physician's testimony was improperly admitted, except as to the facts of the child's condition; that he should not have been allowed to have given his opinion that the condition of the child was caused by the nervous prostration of the mother during her pregnancy, especially as he noticed nothing peculiar until nearly two years after birth.

The physicians and clergymen in New York must now observe the laws regarding the proper record of births and deaths, or else suffer fine and imprisonment. The health authorities say that there is great neglect in sending promptly to the Bureau of Vital Statistics the information demanded by the laws, especially in cases of births; and it is intended to arrest a few of the offenders if a change is not made at once. There is no question but that a trip to the police court would prove a very convincing argument to many who now think they have no time to fill in birth-blanks.

The Georgia convict system has stirred up a great deal of commotion, and it is not unlikely that the legislature at the next session will abolish all farming out of convicts. The treatment of the prisoners has been shameful in many instances, and there has been no sound reason presented why the disgraceful business should not be stopped. The only difficulty in the way seems to be that a number of prominent citizens have had profitable contracts and do not want to give them up. The public sentiment of the country, and, it would seem, of Georgia, is decidedly against the whole contract system.

In a late New Hampshire case it appeared that a physician left his sleigh to be repaired at a shop, and agreed to render professional services in payment of the repairs. The owners of the shop failed, and their assignee claimed a lien upon the sleigh for the value of the repairs made. The court ruled, however, that the assignee had no lien, as the firm whose affairs he was settling had none themselves, and he could have no greater rights than his principal. The physician was therefore allowed to take his sleigh and dispense pills in payment of the "repairs."

A railway company usually has a hard time to escape from liability to its passengers for injuries inflicted in collisions, and such horrible accidents have recently occurred that it would seem as if the litigation of this kind would be very great in the future. While the railroad companies are usually mulcted in heavy damages, they are not held responsible for all the results of an accident. In a recent Iowa case the physician employed by the railroad ordered that meals and various services should be rendered to the nurses and others in attendance by his orders. An action was subsequently brought to hold the railroad company responsible for these meals served the nurses, but this was denied because it was not shown that he was expressly authorized to make a contract binding the company. This is no doubt good law, but it places the physician in a very awkward position if he has in good faith ordered meals and supplies for the nurses. It behooves the physician to find out just what discretion he is given before acting.

The Texas Court of Appeals has recently promulgated some nonsense, and made a decision which certainly is not good law in many other States.

A person was convicted of attempting a rape by force, when the testimony was to the effect

that he had administered chloroform to the victim.

The technical point was raised that a person under the influence of chloroform could not be assaulted with "force," and the court was so impressed with this quibble that it reversed the conviction and ordered a new trial.

There is litigation now pending to determine the ownership of part of an old graveyard at Southampton, Long Island, which was laid out in the seventeenth century. Mr. Edwin Post lives adjoining the cemetery, and claims to own about one-third of it. He pastures his cattle in the graveyard, and during a recent funeral these cattle scampered through the crowd, scaring the people considerably. The affair has created a good deal of excitement, and a suit is pending to determine Mr. Post's rights.

CHRONIC ENLARGEMET OF THE SPLEEN.

By WILL H. TAYLOR, M.D.
CENTRAL MILLS, ALA.

IN this part of the world splenic enlargement is very common, and furnishes the country doctors employment occasionally. Being a country doctor, I speak from experience. In order that I may make the subject as clear and simple as possible, and more easily and readily understood, especially by those members of the profession who know very little or nothing of the disease practically, as it arises from its most prolific source, "malaria," I must go briefly into a study of the organ anatomically.

The spleen, as every doctor knows, is one of the ductless glands, and the largest one of that order. Situated in the left hypochondriac region, under and a little behind the cardiac end of the stomach, it is held in position by folds of the peritoneum, which forms its outer covering; it is bound to the under surface of the stomach by the gastro-splenic omentum. By another reflection of the peritoneum—the suspensory ligament—it is held in contact with the under surface of the diaphragm. It is also in relation with the curvature of the transverse colon, the left kidney and suprarenal capsule. By the hilum it is divided into two lobes,—anterior and posterior. In health the size of the organ varies in different individuals, and at times in the same individual; as a rule, though, it measures five or six inches in length, three or four in breadth, and from one to one and a half in thickness, and weighs from seven to eight ounces. The spleen is invested by two coats—an external serous and an internal fibro-elastic coat—which form the framework of the organ. Its capability of varying so markedly in size is due to the nature of this last-named coat. The spleen is made up of fibro-elastic framework, cellular tissue, blood-vessels, nerves, lymphatics, and a proper substance—the pulp—which bears a close resemblance to grumous blood. The splenic artery, which is noted for its large size in proportion to the organ, supplies it with blood. Blood carried into the spleen is deposited in the pulp and cellular tissue. After undergoing important changes it is taken up again by the venous rootlets. It gets its nervous supply from the semi-lunar ganglia and right pneumogastric nerve.

Enlargement of the spleen may be acute or chronic. The latter is by far the most frequent form, and may be due to a number of causes, viz., acute specific or infectious diseases,—typhoid fever, scarlet fever, malarial fever, etc. But that form of enlargement due to the last-named disease is the form with which we will have to deal here, and with which we have very much to do in this particular portion of the moral vineyard. Knowing so little of the function of the spleen, it follows that we know very little of its pathology in disease. It is a question which pathologists have not yet settled, whether the enlargement occurring in connection with these diseases, especially malarial fevers, is inflammatory, or the effect of the increased body heat, or is due to bacteria. Since so little is known beyond a doubt, I think a little speculation in ideas in order.

The spleen has been termed, and reasonably so, the burying-place for the red blood-corpuscles. It is a noticeable fact that an elevation of temperature always precedes malarial enlargement of the spleen; not only so in this but in most other forms of enlargement as well. Now, whether the increased body heat be the real cause or not, it is certain, I think, that it acts as an exciting cause. There is, as a consequence of the elevated temperature, a congestion or increased flow of blood to the organ, producing dilatation of the vessels, expansion of the fibro-elastic envelope, and enlargement of the cells and pulp-cavities; more room is made and more red corpuscles are deposited or buried, and more white corpuscles generated and set

afloat in the blood. The specific disease to which the elevated temperature is due keeps up this condition of affairs, this extra work for the organ. As development follows exercise, so enlargement follows this overtaxation.

The spleen-pulp has a dark color resembling grumous blood, and is indeed, I believe, degenerated and disintegrated red blood-corpuscles. That being the case, the elevation of temperature and determination of blood to the organ seem to explain the cause of enlargement. Just in proportion to the increased number of red corpuscles buried and lost to the blood, the increased number of the white ones generated and added to the blood, does that organ enlarge and impress the system. When the specific disease is allowed to run on untreated for a great length of time, the organ attains to an immense size, and by its weight and pressure produces several constitutional symptoms, which sooner or later lead the victim to seek medical aid. Diagnosis is always easy if the enlargement be at all significant. I have a case in my mind's eye now, the history of which will show up the trouble in its extreme violence, as it arises from malaria.

Mrs. G., æt. 39 years, mother of eight children, had been suffering four years from enlargement of spleen, commencing in 1882, during an attack of intermittent fever. She had received attention from a number of doctors, living part of the time in Mississippi bottoms and a portion in the southern part of this State, and the whole time under the influence of malaria. She went on from bad to worse, until her condition became truly alarming. I was called to see her September 19, 1887. I found her to all appearances in about the eighth month of pregnancy, the most cachectic and anæmic person I ever saw, with dark and yellow discoloration over the face and neck; severe crop of abscesses; extensive degree of anasarca of lower extremities; cessation of the menses fourteen months; a profuse leucorrhœa, dyspnœa, and palpitation on taking exercise, with more or less fever every evening; morbid appetite; alternately constipation and diarrhœa; her spleen enlarged to the following dimensions: twelve and a half inches long, eleven and three-quarters broad, and, judging from the thickness of edges as felt through the abdominal walls, must have been two or three inches thick, filling all the abdominal cavity except right hypochondriac and epigastric regions. To my extreme satisfaction, I did not have an opportunity of holding a post-mortem in this case; but I think eighteen or twenty pounds would have been a safe estimate of its weight. Being a young physician, it was not without fear and trembling that I took the case. Resolved to try it, I put her on the following:—

℞ Tinct. ferri chloridi,
Ext. ergot., . . . āā f℥v.
Tinct. digitalis, . . . f℥iiss.
M. Sig.: Fifteen or twenty drops three times a day, after meals.
Quinine sulph., gr. v. before each meal.

Ordered the application of an ointment of the red iodide of mercury to the whole surface overlying the organ twice a day. Patient, to my surprise, began to improve. Alternated the iron, ergot, and digitalis every six days with the following:—

℞ Quininæ sulph., . . . gr. xl.
Acidi arseniosi, . . . gr. j.
M. ft. pil. no. xx.
Sig.: One pill three times a day.

Kept up treatment two months. Patient improved rapidly, and is now enjoying excellent health—in fact, is "fair, fat, and forty."

While my experience is yet limited, I have treated a goodly number of enlarged spleens. I always use the ergot, and it always gives me satisfaction and my patient relief. In every case my treatment has been the same as above, and results the same—recovery.

NEURALGIA OF FIFTH NERVE.

By WILLIAM HENRY, M.D.,
HARMON, ILL.

MRS. R., aged 40, a person of nervous temperament, who sprang from a neurotic family, had good health until about three years ago, when, as she thought, her teeth began to trouble her, causing pain of a severe character. She had some decayed teeth extracted, thinking thereby to secure relief from the painful sensation in her jaw; but the removal of the teeth did not do any good. After a time she had some more teeth extracted, but still experienced no relief. She then went to a dentist and had all of the remaining teeth removed, but the pain in her superior maxillary bone still persisted. Various remedies were used, affording only temporary relief. There was a jerking and twitching sensation in the face. She would at times scream out in

great agony. She said that the pain was almost beyond endurance, depriving her of sleep and all relish for food. She said that at a certain spot there seemed to be a hole, whence a fluid issued every time she had severe pain. As I could not discover anything of this kind, I told her that it was a nervous sensation.

There did not seem to be any rise of temperature during this time, but if she moved her jaw intense pain was sure to follow. At one time her jaws became set, so that they could be opened only by prying, or under the influence of an anæsthetic. The lower extremities were cold at times, and experienced a tingling sensation.

The menstrual flow was suppressed at this time; there was no return for four or five months.

Treatment.—I used various remedies,—opiates to control pain and cathartics to relieve constipation, which was a prominent feature in the case. I used blisters as local applications; also various kinds of liniments, such as one composed of aconite, belladonna, and chloroform. I gave her a pill of nitro-glycerin, which seemed to do some good. I gave quinine in large quantities, thinking that malaria might be the cause.

I once had determined to cut down to the fifth nerve and stretch it; but, after she had taken the muriate of ammonia for some time, the pain abated, giving immunity or relief. She does not now suffer very much.

I have had very satisfactory results with the ammonia muriate in these neurotic troubles. The woman does not now have any severe attacks, yet she still feels at times—in damp, cold weather—a slight sensation of pain.

SOME POINTS IN GYNECOLOGICAL PRACTICE.

By F. ANSON EVANS, M.D.,
TROY, IND.

THE majority of physicians, it seems, have relegated the axiom, "The noblest study of mankind is man," to the non-medical element, and adopted in its stead the more modern one, that the noblest study of mankind is woman. So much so, indeed, is this axiom acted upon that there is evolved from some one of our great publishing houses almost every calendar month of the year some work, more or less extensive, relating thereto.

We want knowledge. We want an interchange of opinions, of ideas, of observations, on pathological states and conditions. As medical books are almost always too elaborate and bulky and expensive for the average village practitioner, he must needs turn his attention to periodical literature, where he generally finds the truth nearest naked, and facts plainest told.

It has been a query with me whether we have much improved in gynecological practice in the last twenty years,—that is, to that extent claimed by recent writers. What I mean is, Are the results obtained more desirable in the *finale*, and is the general condition which succeeds this new and radical method more satisfactory than under the more conservative modes of treatment?

I have generally succeeded in curing moderate procidentia, complicated with endometritis, by daily massage, injections of hot water, viburnum, and aletris per os, and an occasional application of boroglyceride. This treatment has proved satisfactory to myself and patrons; no *sequelæ* have supervened, and, of course, no danger invited by operative procedure. Dr. Doleris, on the contrary, treats this same condition by what he is pleased to call a novel method. This novel method consists in scraping, dilatation, anterior colporrhaphy, and posterior colpoperineorrhaphy (whatever that may mean), with double shortening of the round ligament. The following objections are brought to bear against the Doleris method: (*a*) the difficulty of finding the round ligaments; (*b*) the possibility of breaking them; (*c*) their absence; (*d*) insufficiency of their retentive action; (*e*) the complications of the wound and the danger of peritonitis as a result of opening of Nuck's canal; (*f*) the violent pains to which the patient is subjected after the operation, etc. None of these objections, the doctor claims, possess any important value. In twenty cases of prolapsus, flexions, complicated with cystocele or rectocele, this has been his method of procedure, and in none of the cases have grave results followed the operation. Antiseptic precautions insure operative success.

Notwithstanding Dr. Deloris' success in the cases mentioned above, it will, possibly, be some time before the profession adopts his method of treatment.

Whether we have succeeded in learning how to diagnose gonorrhœa in the female or not, I

believe a better understanding of its nature, course, and pathology has greatly simplified its treatment. A few years ago the remedies for this diseases were numerous and confusing. Now, with daily hot-water vaginal irrigations to increase reintegration, a mild antiseptic—as boracic acid, sulphite of soda, or sulphocarbolate of soda—as an occasional local application, with suitable *régime*, and the gonorrhœa is soon over. In fact, if the parts are kept cleansed, the diet healthful and restricted, moderate exercise in a bracing air enjoined, and an avoidance of all social or other excitement duly observed, I am satisfied that nearly every case of gonorrhœa will get well just as quick without drug-action as with it. To the young practitioner I would say, if you would diagnose gonorrhœa, see with your nose.

Two very stubborn cases of leucorrhœa, complicated or attended with asthma, yielded readily to the following:—

℞ Ext. cereus boublandii, . . ʒj.
Ext. pichi, ... ʒj.
Aqua, . . . q. s. to ʒiv.

M. Sig.: A teaspoonful before each meal, or three times daily.

The bowels were opened occasionally with granules of aloin et strychnine cum ext. belladon.

Of course, leucorrhœa in different persons frequently have different origins, or even in the same individual the cause that produced it at one time may be remote from the cause that produces it at another time. Take it all in all, and I think leucorrhœa evidences atony or weakness, as a general thing.

ACQUIRED DOUBLE ANUS.

By W. D. BIDWELL, A.M., M.D. (Harv.),
LEAVENWORTH, KAN.

J. F. S., a merchant, sixty-seven years of age, complained that if he became at all constipated he had great pain in the rectum; piles came down, and, when his bowels moved, blood spurted out in every direction.

Examination showed two openings,—an anterior, about the size and in the condition of an elderly person's relaxed anal orifice, and a posterior about half the size of the anterior, separated by a fleshy band over an inch long, one-half inch wide, and three-eighths of an inch thick, partially covered with mucous membrane.

Straining caused a portion of bowel the size of a fist to be extruded. The mucous membrane was hypertrophied, and most of the mass appeared to be merely a large fungous growth. The most gentle manipulation sufficed to rupture several minute blood-vessels, and the blood spurted in different directions for several feet, as from a severed radial artery. It was easy to credit the patient's statement that blood often ran down his pants and into his boots.

The condition was not easily accounted for till inquiry revealed that thirty years' previous the patient, while in London, had suffered from abscess of the rectum. This had broken outward, forming a fistula which opened posterior to the anus. The passage of fæcal matter still further enlarged it, till, at the time it was first seen, it closely resembled the normal anus.

The fæces, being checked by the bridge between the two openings, had given rise to tenesmus, followed by prolapse.

Such being the cause and condition, and the patient's health suffering from the excessive hemorrhages, a radical operation was performed, April 7th, by ligaturing the bridge on each side and cutting it off. Then, the bowel being extruded, all the projecting mass was cut off after it had been ligatured in sections with catgut.

Very little blood was lost during the operation, and the patient made a speedy recovery, except that retention of urine necessitated the use of the catheter for some days. To-day, May 12th, there is a slight nipple remaining to mark the site of the former bridge. The anus is of normal size and resistance. Internally there is a slight projection, where one of the sections was left a trifle too long. The patient has a very roomy rectum, but with laxatives has comfortable passages without any hemorrhage, and is better able to be about than for some time previous to the operation.

THERAPEUTIC NOTES.

PHTHISIS.

Scholl prescribes as follows:—

℞ Creasote, ... 1 drop.
Iodoform, ... $\frac{1}{6}$ grain.
Arseniate of soda, . $\frac{1}{24}$ "
Cynoglossum, . . $\frac{3}{4}$ "
Benzoin and Magnesia, q.s.
For one pill.

Sig.: Take two in the midst of breakfast and supper.—*Revue de Thérapeutique.*

BURNS.

℞. Salol . . . grs. 37½.
Lime-water,
Olive oil, of each . drachms 2½.
M.—Use as an ointment to the affected parts.—*Medical and Surgical Reporter.*

WARTS.

A remedy for warts, suggested by E. Vidal, is the following:—

℞ Acid salicylic,
Alcohol, . . . āā ℥ij.
Æther sulphuris, . . ℥v.
Collodii, ... ℥x.
M. S.: Paint the warts with the solution daily.—*The Hospital Gazette*, London, June 23.

INFANTILE CONSTIPATION.

℞ Resinæ podophyl., . . gr. ij.
Sacch. lact., . . . ℥ss.
M. et ft. chart. No. xxxij.
S.: One at night in a little milk.—*Kansas Medical Index.*

ATROPINIC POISONING.

The following prescription was given by Wescott:—

℞ Tr. digitalis, . . . ♏xv.
Potassæ nit., . . . gr. x.
Spiritus frumenti, . . ℥ij.
M. S.: At once.

PALPEBRAL ECZEMA.

℞. Crystallized acetic acid, . 2 parts.
Glycerin, . . . 50 "
Cherry-laurel water(dist.), 200 "
M. Sig.—Paint on the eyelid once a day.—LAILLER in *Rifarm Medica.*

COCAINE IN WHOOPING-COUGH.

℞ Cocaine muriat., . . grs. iij.
Aq. amygd. amar., . . f℥iiss.
M. S.: Ten to fifteen drops several times daily.—DR. WEINTRAUB, in *Therapeutic Gazette.*

The following prescriptions have been suggested by Dr. Hatfield, in the *Medical Brief*:—

LACERATED SURFACES FROM FROSTBITES, CHILBLAINS, ETC.

℞ Acid. tannici, . . . ℥ij.
Listerine (Lambert's), . f℥iij.
Collodion, ... ℥j.
M. Sig.: Apply with soft brush three times a day.
Par excellence in cracked nipples.

TONSILLITIS.

℞ Tinct. iodii, . . . f℥ij.
Acid. carbolici, . . . ℥ss.
M. Sig.: Apply with camel's hair brush, night and morning.

NERVOUS HEADACHE AND FACIAL NEURALGIA.

℞ Potass. brom., . . . gr. xij.
Cinchonidiæ sulph., . . gr. xvj.
Morphinæ sulph., . . gr. j.
M. Fill eight No. 3 capsules.
Sig.: One every two hours.

NASAL CATARRH.

℞ Potass. nit., . . . ℥j.
Aquæ pura, . . . f℥ij.
Dissolve.
Add listerine (Lambert's) . f℥j.
M. Sig.: Use with nasal atomizer, three times daily.
Sure cure for rose cold and nasal catarrh.

DIPHTHERIA.

℞ Alcohol (95 per cent.), . f℥iss.
Boro-glyceride., . . f℥ss.
M. Sig.: Use with steam atomizer, by inhalation, three times daily, or every six hours, after which, apply with throat brush—

℞ Chloral hyd., . . . gr. xx.
Glycerini (C. P.), . . f℥ss.
M.

Give—

℞ Hyd. chlor. mit., . . gr. viij.
Papoid., ... gr. xij.
Sacch. albæ, ... gr. x.
M. ft. cht. No. 8.
Sig.: Give one every three hours.

Alternating with—

℞ Tinct. gelsemii fl., . . ℥j.
Spts. nit. ether. fl., . . ℥iij.
Tinct. cimicifugæ fl., . . ℥ij.
Aquæ pura fl., . . . ℥ij.
M. Sig.: One teaspoonful, alternately, every three hours.

ANÆMIA, CHLOROSIS, ETC.

℞ Ferri subcarb., . . . ℥j.
Vinum portense, . . fOj.
M. Sig.: One tablespoonful three times daily before each meal.

PARTURITION.

In cases of inertia and where there is not sufficient dilatation of the os uteri, I use:—

℞ Antimony pot. et tart., . gr. ij.
Aquæ pura, . . . f℥iij.
M. Sig.: One teaspoonful every thirty minutes.

INFANT FOOD.

Professor Leeds, of Stevens Institute, gives the following formula, which he claims as the nearest approach to mothers' milk:—

1 gill fresh unskimmed cows' milk.
1 gill of water.
2 tablespoonfuls of rich cream.
200 grains of milk-sugar.
1¼ grains of extractum pancreatis.
4 grains of bicarbonate of soda.

Put this in a nursing-bottle, and place it into water made so warm that the hand cannot be held in it without pain longer than one minute. Keep the contents of the bottle at this temperature twenty minutes, and prepare a fresh lot at each nursing.

A NEW CAUSTIC PASTE.

Dr. Jules Felix, of Brussels, recommends the following escharotic paste:—

Starch-flour,	37 parts.
Wheat-flour,	112 "
Bichloride of mercury,	1 "
Dry chloride of zinc,	110 "
Pure iodol,	10 "
Croton-chloral,	10 "
Bromide of camphor,	10 "
Crystallized phenic acid,	10 "

—*L'Union Médical de Canada.*

FOUR POISONS.—Bouchard gives the following interesting tabular statement of the comparative antiseptic power, toxicity, and dosage of several different substances:—

	Antiseptic Dose, per 1000.	Toxic Dose, grams.	Daily Toxic Dose, grams.
Iodoform,	1.27	0.50	0.05
Iodol,	2.75	2.17	1.24
Naphthalin,	1.51	3.40	1.00
Beta-naphthol,	0.40	3.80	1.10

—*Therapeutic Gazette.*

PHARMACEUTICAL EQUIVALENTS OF DIGITALIS.—One milligramme of digitaline is equal to:—

Powdered digitalis leaves,	10 centgr.
Alcoholic tincture of digitalis,	18 drops, to .05 centgr.
Ethereal tincture,	20 drops.
Ethereal extract,	12 milligr.
Aqueous extract,	45 "
Alcoholic extract,	50 "
Syrup of digitalis,	20 grammes.

—HUCHARD, in *Journal de Médicine de Paris.*

PRURITUS ANI.—Much has been written of late concerning the treatment of pruritis ani. I desire to add my own suggestion. The best remedy I have ever found is the galvanic current. The quantity required need not exceed five milliampères; the time of application, five minutes. The relief is immediate, and the application once or twice daily is quickly curative. The anode is placed over the perineum or base of the scrotum and the catheter against the sphincter ani, or, if required, within its grasp, bringing all the pruritic surfaces between the poles. I claim to be the first, so far as I know, to suggest this remedy for the treatment of this disease. I will ere long have more to say of it.—DR. R. STANSBURY SUTTON, in *Medical and Surgical Reporter.*

RESORCIN AS AN ANTIPYRETIC.—1. Resorcin, in one- or two-scruple doses in adults, and five- to ten-grain doses in children, reduces the temperature two to three degrees in about one hour.

2. You can watch the physiological effects more plainly than of other drugs of this class.

3. When the temperature is down you can keep it there by reduced doses one or two hours apart.

4. Being a valuable antiseptic it would seem to be especially indicated in fevers of septic origin.

5. It will be particularly valuable if proven clearly, as circumstances now tend to show, that it deranges the organs of digestion less than the other antipyretics.—W. CARROLL CHAPMAN, M.D., in *Medical Herald*, May.

TEARS OF THE PERINEUM.—M. Rawlin thinks that tears of the vulva would often heal without sutures. It suffices simply to keep the thighs together, and not to separate them even in dressing the patient. To accomplish this, the thighs are flexed on the abdomen without being separated. M. Raulin says he could cite numerous cases of tears healed in this manner, and especially one where not only the perineum had been involved, but even the anus. As to the stitches advised by M. Anvard, he is opposed to them for several reasons: First, because they seem to him useless; secondly, because they are difficult to keep in place; thirdly, because they are very painful to the patient.

The antiseptic fluid preferred by M. Raulin for dressing is a one per cent. solution of chloral. He has, however, never used salol or iodoform. —*Bul. Soc. Med. Pract.*

HYDROTHERAPY DURING MENSTRUATION.—At a discussion before the Société d' Hydrologie (January, 1888,) upon the use of hydrotherapy during the catamenial period, the following conclusions were reached:—

Recognizing the fact that applications of cold water during menstruation are sometimes followed by accidents; that these accidents are more frequent and serious with women suffering from pelvic diseases; that utero-ovarian diseases

are often latent and unknown to the patient, and consequently the statements of the patient are no guarantee of the perfect integrity of the pelvic organs.

1. The Society cannot sanction the continuance of hydrotherapy during the menstrual period in general practice.

2. It reserves the application of cold water for particular cases in which there are urgent indications to be met,—indications which it is difficult to meet in any other way.

Treatment of Carbuncle.—Dr. Robert Main gives the following experience of the treatment of carbuncle in the British Medical Journal, May 19th:—

I have tried the expectant treatment of carbuncle recommended by Paget, but find it so long, tedious, and painful to my patients that I have completely discarded it. The treatment by excision and scraping is too severe to be generally adopted in private practice, although apparently very successful.

I have adopted the following for the last three years, to which I have added the hypodermic injection of cocaine. I inject into the carbuncle hypodermically half a grain of hydrochlorate of cocaine, and wait about five minutes until the skin is quite anæsthetic; then I make a small incision into the centre of the carbuncle with a tenotomy-knife, and insert a small, sharp piece of potassa fusa, and then push it home. Afterwards a piece of belladonna plaster is cut circular, a little larger than the carbuncle, and placed over it. The plaster serves the double purpose of retaining the caustic, and of alleviating the pain. This is kept on for eight hours, and then it is taken off and hot linseed-poultices are applied for the same length of time. The result is that the patient always recovers about three days after the commencement of the treatment, which is in this way carried out almost painlessly.

Potassium Iodide in Non-Specific Surgical Ailments.—In subacute or chronic joint diseases, the result of either synovitis or rheumatism, I have obtained very marked improvement from the use of the potash; also in hydroceles, pleuritic effusions, and in neuralgia, the result of rheumatism. I think the secret of success in any of the above-named troubles is the same as in the treatment of Potts' paralysis by the same drug, as recommended by Dr. V. P. Gibney, of New York,—that is, to give it in rapidly-increasing doses until the maximum amount to be borne is reached and continued.

Commence with ten or twenty drops of the saturated solution, and increase a drop every dose until marked constitutional effects are manifest; then return to the original dose and increase gradually again, always directing that it be taken largely diluted with water, milk, or vichy, and only after eating. I can recall a number of instances where I know much good has been done by this method after the patients had received no benefit from the ordinary doses of ten to thirty grains three times daily.—Dr. Ap Morgan Vance, in *American Practitioner and News.*

Papoid Digestion.—Dr. S. Ruark, of Evansville, Ind., writes to the Medical Brief of June:—

I have found in papoid, made from the papaya tree, a digestive ferment which seems to conform with the actual conditions of digestion met with in the human stomach, and to produce results far more satisfactory than the best pepsin. Reflecting on my past experience with pepsin, I have reached the conclusion that the latter is a greatly overrated drug, leaving much to be desired in the way of a substitute. My attention having been called to a statement made by Professor Finckler regarding the superior action of papoid digestion over that of pepsin, I determined to give it a trial in a number of cases where pepsin and pancreatin had failed, and the results obtained in the cases cited will serve to explain my special faith in this new product of South America.

Tetanus after Miscarriage.—The patient, a married woman, aged 27, was small, thin, and delicate, having suffered from painful ovaries. She had had two children and four miscarriages.

On September 25, 1887, a miscarriage at three months took place. All went well for three days, when the temperature rose to 102° F. at night. This was found to be due to the presence of a small portion of very adherent placenta, partially decomposed, in the uterus. Under chloroform it was removed, the os having to be dilated by the fingers. The temperature that evening rose to 104°, but was normal the next morning. On October 2d, two days after its removal, stiffness of the back of the neck was complained of. Next day the teeth could only be slightly separated, the masseters being hard and contracted. Spasms on drinking, slight opisthotonos, and the risus sardonicus succeeded in the order mentioned. Severe and painful spasmodic contractions of the muscles of the back occurred frequently. The patient could swallow only while under the partial influence of chloroform, but later on even this was impossible.

On October 4th a severe general spasm occurred, followed by others. The temperature rose to 102°, and death soon followed. No necropsy could be obtained. Treatment: Chloral hydrate, gr. xx every three hours; frequent inhalation of chloroform, and nutrient enemata.—T. G. Parrott, M.R.C.S., L.R.C.P., in *British Medical Journal.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, October, 1888.

END OF THE SUMMER CAMPAIGN.

WITH this issue of THE MEDICAL BULLETIN the fall campaign begins. The summer campaign is ended. The treatment of the diseases incident to the summer season will give place to those of a different character; and our brethren who have enjoyed a pleasant "outing" will return to their duties with renewed vigor and energy. Let us hope that all of our readers have been so fortunately situated that they have taken a few days off, and that they have been circumspect in the efforts they have taken for the purpose of enjoyment. The writer is influenced to make this observation from the fact that so many make the holiday an occasion for more work than if they remained at home. What with attempts at sight-seeing and travel by steamboat and by rail, many of them return worse off than when they started. That this is true of many of our patients there can be no doubt; and, besides, there is often a lack of good sense in the selection of the locality for the summer season, which manifests itself on their return, as the first thing they demand is the services of a physician. The following quotation from a late issue of the London Lancet will more fully convey our meaning in this matter, and should have the attention of every physician:—

"Every year the vacation season claims its quota of victims. Many who have become somewhat enfeebled by long confinement and close attention to the calls of sedentary occupations rush away for a short holiday, and endeavor by systematic overexertion to make up for the inactivity of the past months. Every year brings its sad warnings of this folly in a record of fatalities, while the experience of most practitioners shows yet more clearly that this overstrain is followed by prolonged illness. The circulatory and respiratory systems work hand in hand, and rebel against any sudden disturbance of their ordinary routine. The danger is always greatest when, in the presence of any cardiac weakness, the exertion demands an arrest of respiration. In moments of intense nervous excitement the breathing is frequently unconsciously stopped, and the strain upon an enfeebled heart then becomes very severe."

THE YELLOW FEVER RAVAGES.

AT the present writing the outlook for the sufferers from yellow fever in Florida is most unpromising. The number of cases has now reached nearly two thousand, and they are daily increasing, while the deaths already number more than two hundred. For the stricken city and its inhabitants, and for the individual sufferers, everything that could be devised on the part of the Marine Hospital Service under the able management of Surgeon-General Hamilton has been done, and under certain very strict conditions those who may wish to leave are permitted to do so. Provision has been made on the part of several friendly-disposed sections to receive those who may have been exposed, and it is to be hoped that they will not be able to carry the scourge into the country. Although a few cases may appear at these resorts, it is doubtful if this disease could long withstand the sanitary conditions which are to be found in mountainous regions, and we have therefore no fear that harm will come from the usual kindness shown toward these fleeing and frightened people, whose only hope of safety seems to lie in their getting away from the surroundings of the palgue.

Money, provisions, and supplies of every description are pouring into Jacksonville, and trained and experienced nurses, with physicians, are finding their way to the scenes of desolation, determined to do all in their power for the unfortunate sufferers. Assuredly, no stone will be left unturned by the people of the North, when their friends and relatives are in a state of siege, and none will be more ready to open their hearts for their relief. In this connection we cannot forbear expressing a wish that something may be accomplished in the study of the development and the treatment of the disease which will ultimately lead to its control,—at least, that it may not become

epidemic where the sanitary conditions are favorable. It is well known that decomposing organic matter is favorable to its spread, and that there is plenty of it in Florida; but measures might be adopted for the purpose of preventing the decomposition of this objectionable material, and with perfect cleanliness, with little or no decomposing organic matter, we need have no fear of this disease making such ravages as that just witnessed in Florida, and that of New Orleans and Memphis ten years ago.

Treatment of this disease, as we have taken occasion to point out elsewhere, will consist in the adoption of the plan advocated by Dr. Hebersmith in this journal, Nov., 1887, in combination with the method suggested by Dr. Sternberg, a summary of which may be added for the convenience of the reader. Dr. Hebersmith advocates the use of pilocarpine hypodermically, the dose to be one-fourth grain for an adult, given only once, and that in the incipiency of the disease. Copious diaphoresis follows. There may accompany the use of the drug either vomiting or purging, or possibly both, but this is not considered a contra-indication, and, although the number of cases treated in this way was comparatively small, the rapid and complete cure was regarded as unusual, and was attributed to the use of the remedy alone. From Dr. Sternberg's suggestions we have arrived at the conclusion that the alkaline method of treatment is advantageous, eight grains of the bicarbonate of soda being given hourly in connection with suitable doses of the bichloride of mercury. The dose of the latter, suggested by Dr. Sternberg, is one-sixtieth of a grain, but much larger doses than this were used in the Garcini Hospital, at Havana, in the treatment of twelve cases, all of whom recovered. Dr. Sternberg is convinced that the poisonous character of the disease is not found in the blood, but is confined to the intestinal tract, and he thinks that the effect of the bichloride is not felt in the intestine; but we have pointed out the objection to the use of this drug with the alkaline substance, and suggested that, as the remedy is of value only in the stomach, smaller doses can be used with the expectation that its germicide properties will be equally as good as when the large doses are exhibited. We shall await with some interest the reports of physicians from this section, when the clouds have cleared away.

TREATMENT OF MASTITIS.

THE treatment of mastitis is often one of the most troublesome things a country physician has to deal with, and all because he is not at all times on the lookout for contingencies of this nature. Abscess of the mammary gland, or "gathered breast," is an expression which strikes terror to the hearts of the young practitioners, and for this reason we have thought it advisable to say a few words upon the subject, thinking that by following the suggestions advanced all trouble of this unpleasant character may be avoided. Before indicating the prophylactic treatment it may be as well to point out what is to be done when it is impracticable to carry out the treatment to its full extent. In the first place, avoid poultices, even as you would the microbe of cholera if you chanced to meet one in the street. Shun counter-irritants and all local applications, except such as may be indicated for the relief of pain for the time being, but under no circumstances as a course of treatment. They are all bad, and if possible one is worse than the other. If one local application is used the doctor will soon begin to wish he had used another. Give the appropriate remedy, and adopt the plan followed out by Dr. Garrigues, as advised in his work, "Antiseptic Midwifery," presently to be referred to, and it will probably be the last case of the kind you will be called upon to treat for a long time. Cases of the kind may come to you from your brother practitioners, but you will probably never have another of your own,—"a consummation devoutly to be wished for." The remedy is the sulphide of calcium, one-tenth of a grain every two hours, when the patient is awake, and when the time arrives it should be lanced, but never poulticed. Under this treatment, along with compression, all signs of inflammation will disappear in less than a week, and this is more than can be said of any other treatment so far as known at the present time. If any of our readers can show better results

than that we shall be delighted to hear from them.

The plan as carried out by Dr. Garrigues consists in the immediate application of what he calls a "breast-binder," as soon as there are any signs of inflammation in the gland, and he asserts that in the course of a few days the difficulty all disappears, and gives as his record in the treatment of confinement for the period of six months at the Maternity Hospital, New York, two hundred and thirty-six cases and not a single abscess. The directions for making and applying the breast-binder are as follows: "Take half a yard of muslin, one yard wide. Cut out a small segment corresponding to the nape of the neck, and a larger, pear-shaped piece for each arm. The breast-binder is placed under the patient's back down to the waist, where it meets the belly-binder. Both breasts are brought well upward and inward. A piece of cotton-batting is inserted between the breasts. The patient holds these herself, while the nurse draws the ends of the binder rather tightly together and fastens them in the middle line with a row of pins, going from below upward. At the upper end a V-shaped opening is left free, and each anterior flap brought up over the shoulder and pinned together with the corresponding short flap of the posterior part of the binder. Thus the breasts are lifted up and evenly compressed. If there is a superabundance of milk the binder is tightened so much more. In such cases a small hole is cut in it corresponding to the nipple, so that the pressure is kept up without interruption. In common cases, when the child is to be applied to the breast, the upper part of the binder is opened in the middle line, and pinned up again as soon as the child has finished."

THE ARSENITE OF COPPER.

THE arsenite of copper is a remedy which has lately been introduced for the relief of cholera morbus and allied affections, and is worthy in every way of a few words by way of explanation of its application and uses. In the treatment of cholera morbus it is used in the form of a powder, triturated with sugar of milk, the dose ranging from one one-hundredth of a grain to a quantity as small as one-tenth of that mentioned. This amount is not given in a single dose, but in divided doses, so that the patient takes all of it in the course of from six to eight hours, at which time all, or nearly all, of the symptoms have disappeared, and the following day there will be a comfortable and healthy evacuation of the bowels. Typical cases of this disease are said to be more amenable to this treatment than any other, but the writer has met with markedly satisfactory results from the use of this drug in all cases where there was the least symptom of the malady, in both young and old.

This remedy having so often produced such decided benefits in a remarkably short time, the writer was prompted to test its value in the treatment of typhoid fever, and so far the indications are that it will have an equally salutary influence upon this disease, as in that of cholera morbus. During the past six weeks several cases which were somewhat suspicious came under observation, and may be referred to here briefly. First one, then another, then a third case developed frank typhoid, the symptoms in all being quite sufficient for purposes of diagnosis, when the ordinary routine treatment was immediately discontinued, and the patients put upon the arsenite of copper.

As a rule, this change was followed by very good effect. In one case the vomiting of green, slimy mucus was permanently overcome. In this case, at the time the use of the remedy was begun, there were at least fifty rose-colored spots on the abdomen and chest. The stools were characteristic, large, and yellow, and unusually frequent, the temperature 103.5, while it was impossible for the patient to take any kind of food. Within twenty-four hours the whole aspect of the patient was changed for the better, and perfect recovery was marked by no untoward symptom. The foregoing is a fair illustration of the results obtained in the cases of the other two which have been referred to. In three other cases, where the conditions were suspicious, general malaise, nose-bleed, with obstinate constipation or profuse diarrhœa, the arsenite of copper was prescribed in the beginning, the patients sent to bed on a milk diet, and in the course of three

or four days the trouble all disappeared. There has been some question as to the real character of these latter attacks, and even now the writer is not fully satisfied that they were cases of incipient typhoid; but, whether or no, it does not the less significantly point to the direction in which the drug can be profitably employed.

MEDICAL NEWS AND MISCELLANY.

SOMEBODY is trying to saddle rheumatism on to bacteria!

DR. W. W. STRANGE, who formerly resided at Montrose, Pa., has recently located at Hazelton.

DR. OLIVER P. REX and family, of this city, were spending the summer at Bedford Springs, Penna.

DR. J. AUBREY DAVIS, of 529 South Forty-second Street, Philadelphia, has been appointed physician in the Twenty-seventh Ward.

DR. WILLIAM PORTER, of the Weekly Medical Review, of St. Louis, with his wife, took a trip around by Mackinac during the month of August.

DR. E. E. MONTGOMERY, secretary of the well-known Medico-Chirurgical College, of Philadelphia, will take pleasure in sending a copy of catalogue to any physician desiring it.

PROF. HENRY TRIMBLE, of the Philadelphia College of Pharmacy, receives attention from the Pharmaceutical Record in the shape of a fairly well executed portrait and personal sketch.

THE profession in New York have shown great respect for the memory of both the late Dr. Agnew and the late Dr. Loring. The loss of these good men in the profession has been deeply felt.

MEDICAL EDUCATION.—The masterly address of the late Dr. A. Y. P. Ganett, as President of the American Medical Association, has received most flattering comments from the press all over this continent.

LICE and other parasites are removed from the hair quicker and better by a decoction of quassia, to which a little borax and glycerin have been added, than by almost any other known means. —*National Druggist.*

PROF. JOHN V. SHOEMAKER, editor of THE MEDICAL BULLETIN, and also of the Medical Register, who left the city in July for a trip to London and Continental Europe, returned a few days ago.

DR. W. H. GARDNER, U.S.A., recommends in sea-sickness from ten to twenty grains of the oxalate of cerium every two or three hours. He believes that seventy-five per cent. of all cases of sea-sickness can be cured by that remedy.

"HE'S no betther, doctor. You told me to give him as much of the powder as would lay on sixpence. I hadn't a sixpence, but I gave him as much as would lay on five pennies and two half-pennies, and it's done him no good at all, at all."

SWEET FLAG (calamus) is claimed by Dr. Haigh, of Granda, Kan., to be an agent that will relieve and stop persistent hiccough in almost any case. He directs the patient to chew a small piece of the root. It has never failed in his hands.

SUCCESS IS RELATIVE.—Patient (to young Sawbones, who is about to cut off his arm)—Do you think the operation will be successful, doctor? Young Sawbones—Of course it will; I'll have that arm off in less than ten minutes.—*Exchange.*

AN AWFUL CONSEQUENCE.—The latest "victim of tobacco" is a sad case indeed. He is seventy years old, has smoked for sixty years, and last week he married a woman four years his senior. Tobacco-smoking affected his brain. —*Contemporary.*

DR. DUDLEY S. REYNOLDS and wife, of Progress, took their outing along the banks of the beautiful Detroit River during the past summer, and formed many new and pleasant acquaintances about Detroit, one of the most delightful cities in the world.

"IT DATES TO THE EIGHTEENTH CENTURY.—
So modern 'pothecaries taught the art
By doctors' bills to play the doctor's part,
Bold in the practice of mistaken rules,
Prescribe, apply, and call their masters fools."
—*Alexander Pope.*

A DISTINCTIVE SIGN.—At the Paris Morgue—Dumbleton is looking for a missing friend and fellow-countryman.

Morgue Keeper—"Did your friend have any distinctive peculiarity that he might be recognized by, sir?"

Dumbleton—"Certainly. He was very deaf."

THE CONTAGION OF MURDER.—Dr. Paul Aubry, writing upon the above subject, says that the prophylaxis of murders depends upon (1) a healthy moral hygiene of the individuals; (2) the moralization of manners; (3) the regulation of the published accounts of crimes by the press; (4) A more reasonable severity by tribunals.

MENTHOL AND SAFFROL, the so-called camphors of peppermint and sassafras oil, respectively, are said by Dr. C. L. Dana (Therapeutic Gazette) to possess decided anodyne properties, given internally. Menthol (gr. v to x in hot water) relieves migraine and neuralgic pains. Saffrol, ♏xx to xxx, is also effective in acute and subacute rheumatism.

OVERTAXING HIS BRAIN.—Old Mrs. Bently—"Did you hear, Josiah, that the young student who has been boardin' at the Hendrickses is very sick?" Old Mr. Bently—"Yes, I heerd so; what's the trouble with him?" Old Mrs. Bently—"Studyin' too hard, I s'pose. The doctor says he's got information of the brain."—*The Epoch.*

MISTAKE IN A DIAGNOSIS.—"I find, madam," said a young physician, "that your husband is suffering from overwork." "And will he have to give up his place under the government?" she asked, anxiously. "What's that? Is he a government official?" "Yes, sir." "H—m! I'll diagnose his case again. He probably needs exercise."

INDIGNANT PHYSICIAN.—"Man, what have you done? You sent my patient the wrong prescription, and it killed him."

Druggist (a calm man, accustomed to abuse): "Vell, vhat vas der madder mit you? Last week I send your odder patient der righd berscription, and dot killed him. How can somebody blease sooch a man?"—*Courier Rec. of Med.*, Texas.

COLORED GENTLEMAN—"Will yo' hair reviverator, sah, cause de return ob it to de surfiss ob my cranum?"

Agent—"Surely, sir. Will you have it grow curly, sir, or straight, sir, or would you like a blended invigorator, sir?"

Colored gent.—"Straight, sah, INTENSELY straight, if yo' please, sah."—*Harper's Magazine.*

THE UNIVERSITY MEDICAL MAGAZINE.—The Faculty of the Medical Department of the University of Pennsylvania will edit a monthly magazine of sixty-four pages, which will appear October 1, 1888. The editorial committee are Dr. George E. De Schweinitz and Dr. Hobart A. Hare. The subscription price is two dollars a year. Dr. A. L. Hummel, 224 South Sixteenth Street, Philadelphia, is the publisher.

"WHAT shall I do with my dirty neighbor?" asks Dr. Connor. In Philadelphia we generally report them to the Board of Health, and in the course of a month or two, after you have sent several very pressing reports, an agent will come and say that the nuisance complained of don't make much difference to the neighbors, and that it is not a matter requiring official investigation. If it is typhoid fever, a circular is sent.

DR. STERNBERG recommends the following in the treatment of yellow fever:—

℞ Sodii bicarbonatis, . . . gr. cl.
Hydrarg. chlor. corros., . gr. $\frac{3}{10}$.
Aquæ, ... Oij.

M. S.: About one and three-quarter ounces to be given, ice cold, every hour.

Reports from the Garcini Hospital, Havana, indicate its great value in this disease.

DR. BENLEY exhibited before the Royal Academy of Medicine, in Ireland, a remarkable specimen of cirrhosis of the liver accompanied by thrombosis of the portal vein. The left lobe was in a state of extreme cirrhosis, being as tough as leather, while the right lobe was peculiarly thickened in its vertical diameter, of a yellow color, and quite soft. There was a distinct division line between the two lobes.—*Weekly Med. Review.*

MR. LAWSON TAIT, the well-known surgeon, has, it is said, no less than three assistants, who pay him for that privilege the sum of one hundred dollars each per month. It is doubtful if any surgeon in this country can boast of such an expensive following. Probably Mr. Tait will have to take an additional assistant in order that he may have sufficient funds to buy pistols and coffee when those to whom he facetiously refers as medical tramps get in the notion of tackling him.

PERCHLORATE OF IRON IN DIPHTHERIA.—Dr. Mohammed Ben Nekkach, of Inkermann, has treated with perchlorate of iron and milk, twenty-one cases of diphtheria from the beginning of the malady. To those cured perchlorate of iron was given in doses of from twenty-five to sixty drops daily in water, and the quantity of milk ingested was about a half pint. In connection with this treatment he used emetics. All patients who were so treated were cured.—*Le Progrès Médicale.*

EPITHELIOMA OF THE FACE.—At the late Congress of Surgery, M. Leon Labbé recommended the Frère Côme Caustic, which, according to his experience, would give, in facial epithelioma, results superior to those of ablation by the bistoury.

Finally, after the local and ganglionic ablation of malign tumors, M. Leon Labbé agrees with M. Verneuil in prescribing indefinite treatment. He has even for this purpose praised the tincture of condurango, which Weisbaum has also used with some success.—*Jour. de Méd. de Paris.*

LEPROSY IN RUSSIA.—Leprosy is reported to be on the increase in the Baltic provinces. It is said that in Lithuania there are from two hundred and fifty to three hundred lepers; in the district of Dorpat it is estimated that there are ten lepers

to every one thousand inhabitants. It is now demanded that the government name a commission to study the best means of combating the spread of the disease. A special hospital for lepers is to be founded at Riga, to accommodate forty patients.

To Ask for Milk Inspectors in Philadelphia.—It is hoped by the members of the Board of Health that the recent milk inspection by Port Physician Randle will bear fruit in the adoption of some of the necessary remedial measures proposed. Resolutions will probably be adopted by the Board asking City Councils that a sufficient amount of money shall be appropriated to carry out the suggestions made by the port physician in reference to milk inspectors, and a laboratory for the analysis of food supposed to be adulterated.

Analgesine.—The Director of Public Assistance has just decided that henceforth the central pharmacy of the hospitals will deliver in place and instead of the antipyrine prescribed by a physician or hospital surgeon, analgesine, or dimethyloxyquinine, whose chemical composition is identically the same as that product known for some time under the name of "antipyrine." Only pure analgesine will be used, for the central pharmacy will analyze all products furnished it under the name of analgesine.

A Model Bill.—Dr. Theodore Gay, who attended ex-Vice-President Wheeler during his last illness, has presented a bill "as is a bill" to the estate. It amounts to about $14,800. The items are in part as follow: For attendance from April 1, 1885, to December 31, 1885, at $15 a day; for attendance from January 1, 1886, to December 31, 1886, at $20 per day; for attendance from January 1, 1887, to June 4, 1887, at $25 per day; for keeping a horse two years, $3.50 per week; for use of carriage two years, $200. Mr. Wheeler's executor has refused to pay the bill, and the matter will go to the courts.

Such a Thoughtful Man.—Mrs. McSwyny —"Oi'm towld your choild fell out o' the top windy, Mrs. Clinchy."

Mrs. Clinchy—"Yes; an' av me little mon hadn't coom along jest at the roight toime an' broke the fall wid the top av his head, me bye'd been kilt."

Mrs. McS.—"Did it hurrt yer hoosband, now?

Mrs. C.—"Oi don't think so. It broke his neck, an' he doid widout a groan."—*Harper's Magazine.*

An Important Observation on Poisons.—M. Roger, in a communication to the Paris Society of Biology, reports results of some experiments on the antagonism of poisons which controvert ideas which have been more or less current. He found that animals succumbed to effects of a mixture of morphine and atropine long before the ascertained fatal dose of either drug separately had been reached, and the same observation was made with mixtures of atropine and quinine or quinine and morphine.—*Druggists' Circular.*

Symptoms of Tea-Poisoning.—According to Dr. Bulard, the action of tea is cumulative. It effects especially young persons who are anæmic and debilitated, although we see it at times in persons of strong constitution. The symptoms of tea-poisoning are: Loss of appetite, dyspepsia, palpitation, nausea, vomiting, nervousness sometimes resulting in hysteria, sometimes in mental troubles, and amounting to mania. Cardiac troubles are frequent and accompanied by pain in the left arm, like that caused by angina pectoris.—*Il Seglo Medico*, Madrid.

The Bacillus of Dysentery.—Chantemesse and Vidal report the presence of bacilli in the intestines and their contents and in the spleen and mesenteric glands of dysenteric patients. The microbe develops on gelatin, in bouillon, and in water; it is colored with aniline only with difficulty. Rabbits inoculated with cultures of the bacillus and by intra-peritoneal inoculation developed the lesions characteristic of dysentery. Peritonitis, pericarditis, and fibrinous pleurisy were developed after intra-peritoneal inoculation with the bacilli.—*Revue de Clin. et de Ther.*

The Human Heart.—A curious calculation has been made by Dr. Richardson, giving the work of the heart in mileage. Presuming that the blood was thrown out of the heart at each pulsation in the proportion of 69 strokes per minute, and at the assumed force of 9 feet, the mileage of the blood through the body might be taken at 207 yards per minute, 7 miles per hour, 168 miles per day, 61,320 miles per year, or 5,150,880 miles in a lifetime of 84 years. The number of beats of the heart in the same long life would reach the grand total of 2,869,776,000. —*Medical World.*

Gelsemium for Facial Neuralgia.—A. H. Gilson, in a paper read before the Central New Jersey Dental Society, says he has much success relieving facial neuralgia with minute doses of the tincture of gelsemium sempervirens. He medicates a two-drachm vial of ordinary homœopathic pellets with five drops of the tincture, and gives five pellets every hour for four hours; if not relieved, two doses are omitted and treatment begun again. Instead of using the pellets, five drops of the tincture may be mixed in half a glass of water and a teaspoonful taken at a dose. —*Druggists' Circular.*

THE PATENT MEDICINE OUTRAGE.—A law requiring the composition of every medicine to be clearly stated on the label of the bottle or package would break up one of the greatest abuses of the present day,—the sale of patent medicines, or nostrums. Through these articles a large amount of money is annually extracted from the pockets of the ignorant and unfortunate portions of the community, and whenever the composition of some vaunted remedy becomes known through any chance, it is found to be some well-known formula or a valueless mixture.—HENRY LEFFMAN, M.D., in *The Annals of Hygiene.*

A MEDICAL TRUST is the latest innovation, and one of these incorporations is in course of construction in this city. The ostensible object of the Society is to furnish the needy poor with medical advice at a reduced price, so that none may be without proper medical skill; but it is said the real object is to bring the doctor into prominence, and in this way give him a reputation. The suggestion is thrown out that possibly the incidental expenses in the matter of medicines and extras will inure to the great and lasting advantage of the physician, and that the recent graduate will have no chance in the race.

BINIODIDE OF MERCURY.—Dr. Rogée uses biniodide of mercury to dress wounds. This substance does not irritate them, and is a more powerful antiseptic than phenic acid. It has no odor, and its alcoholic solution of one grain to three hundred is miscible in all proportions with warm water. The Lister dressing is expensive, and it is often impossible to use it in country practice. The biniodide of mercury may be substituted. Since 1885 M. Rogée has used this substance with a wadding. He has performed one hundred and eight operations, of which thirty-two were large ones, and has used this dressing in all.—*Le Progrès Médicale.*

CHLOROFORM AS A PRESERVATIVE.—Salkowsky (Pharm. Centralhalle) recommends chloroform or chloroform-water as an excellent preservative for urine, pepsin, milk, and similar substances. It effectually prevents all kinds of fermentation, but does not prevent the action of pepsin, trypsin, diastase, saliva, etc. Milk keeps for months together its original neutral or alkaline reaction. Cane-sugar with yeast and chloroform does not ferment, but the sugar is inverted. Chopped meat is preserved indefinitely with a little chloroform-water. A little heating in a current of air very soon dissipates all traces of the chloroform.—*Druggists' Circular.*

ALBUMINURIA FROM SALICYLATE OF SODA.—Salicylate of soda should be given with prudence, as strong doses frequently cause albuminuria.

Five grammes in twenty-four hours is generally a sufficiently large dose in cases of acute rheumatism.

When albumen appears in the urine, this remedy should be discontinued.

Naturally, the salicylate would be proscribed in febrile states attended by manifest albuminuria. We may substitute for it bromo-hydrate of quinine (75 centigrammes in twenty-four hours.—JACCOUD, in *Journal de Médicine de Paris.*

THEINE.—Theine is solely a pain reliever, but in cases of obstinate and protracted pain it must be aided by other drugs that improve the nutrition of the affected nerve, or that may remove the persisting diathesis. As regards the difference between theine and morphine, Dr. Mays sums it up as follows: When it is necessary to narcotize the centres of innervation in order to relieve a given pain, then morphine is indicated; but when it is not necessary to do this, theine will accomplish the work safer, better, and more promptly than morphine. On general principles it may be said that morphine gives the best results in acute pain, while theine is most beneficial in chronic affections of the sensory nerves.—*Journal of the American Medical Association.*

CHLOROFORM NARCOSIS.—The play of the pupil is an important test of approaching danger in chloroform narcosis. As long as the pupil contracts instantaneously, when the eye is opened there is none; as soon as the contraction is wanting there is, and the further administration has to be stopped.

I know well enough that many more observations are necessary than my limited experience to confirm the practical value of this test. But in consideration of the physiological facts upon which it is based, I would recommend it to the profession for an impartial trial. More so than the sensibility of the cornea.—DR. CH. BARCK in the *Weekly Medical Review.*

DR. A. B. LYONS having decided to return to his old home in the Sandwich Islands to fill for a time the position of chemist to the government and Professor of Chemistry in the college, his friends of the Detroit Academy of Medicine decided to present him with a token of their regard. They selected a fine microscope and accessories, and on the evening of August 8th presented it to him. The presentation speech was made by Dr. G. P. Andrews. After a response by Dr. Lyons, each member of the Academy gave expression to his feelings of appreciation and regard. All joined in words of cheer and hopes for a prosperous future.—*American Lancet.*

BROMIDE OF IRON.—Dr. Hecquet recommends bromide of iron where a ferruginous medicine is indicated. It is a powerful sedative,

and acts like other bromides. It is valuable in cases of anæmia, where a sedative that will not depress and a stimulant that will not excite are desired. Dr. Hecquet has achieved favorable results from the use of bromide of iron in chlorosis, chloro-anæmia, leucorrhœa, amenorrhœa, and hysteria. Dr. Vacossin and Dr. Hecquet have also used the drug beneficially for phthisis, diabetes, and epilepsy. The latter authority recommends it also for spermatorrhœa.

Treatment of Diabetic Coma.—To combat the acidity of the organic fluids in diabetic coma, Dr. Jaccoud recommends saline purgatives and large doses of alkaline substances. Inhalations of oxygen and subcutaneous injection of ether are also beneficial. Excessive fatigue and digestive disturbance should be guarded against; they have a considerable effect in causing diabetic coma. An exclusively meat diet should be avoided. The acid impregnation of the organism (the usual characteristic of diabetic coma) is betrayed by the presence of oxybutyric acid in the urine. This substance is easily decomposed into acetone.—*British Medical Journal.*

Dynamized Arseniate of Gold.—A combination of gold and arsenic has been sought for a long time without, however, any satisfactory results. Thanks to the researches of an English physician, Dr. Addison, the problem is now solved, and we have a dynamized arseniate of gold. This arseniate possesses the curative properties of the two substances of which it is formed, but it is especially in affections of the nervous system, in all kinds of cachexia, in most dermatoses, in the secondary and tertiary stages of syphilis that we must especially recommend it. Its assimilation by the economy is perfect, and its use has never occasioned the slightest accident.

The dose of Addison's dynamized arseniate of gold is from one to thirty milligrammes progressively.—Dr. Regourdin, in *Le Progrès Médical.*

Dr. H. H. Rusby, of Columbia College, has contributed an interesting paper to the Therapeutic Gasette upon "Cocillana," a new remedy which he selected while investigating the organic products of South America lately. Out of some five hundred remedies that were offered, this is the only one which he deemed of sufficient value to warrant physiological experimentation. Already, quite a number of physicians throughout the country have had samples placed in their hands, and ere long we shall look for reports showing its influence upon the economy. It is said to be of great value, in many instances supplanting the use of ipecacuanha, which has recently become somewhat scarce in the market and high in price.

At New York, on September 12th, Professor Proctor the astronomer and lecturer died of yellow fever after a short illness. He had but just arrived at the Westminster Hotel from his home in Florida, and was on his way to England to begin a course of lectures for the fall and winter. As soon as the nature of his malady was discovered he was immediately removed to Willard Parker Hospital, and there died at 7.15 in the evening of the same day. His remains were placed in a sealed metallic coffin, and will probably be interred in Greenwood Cemetery; but under no circumstances will the coffin be opened, as there is a stringent law regarding this matter in the case of yellow fever, small-pox, and like diseases.

The Carpenter Lectureship.—The late Dr. Wesley M. Carpenter, of New York, left by his will the sum of five thousand dollars to the New York Academy of Medicine, to found a lectureship to be known as the Carpenter Lectureship. This sum, the New York Medical Journal adds, shall be paid to the Trustees of the New York Academy of Medicine, who shall expend the interest thereof annually for one medical lecture. The lecturer shall be selected and the time at which the lecture shall be delivered shall be determined by a majority of the Council of the Academy, and the Academy shall publish the lecture in pamphlet form immediately after its delivery. It would be of great service to the profession should more of the moneyed members devote in a similar manner some of their wealth to enriching the science of medicine.

Antiseptics in Surgery.—Respecting the use of antiseptics in surgery Professor Bilroth writes as follows:—

1. Iodoform is the safest and most effective of all manageable antiseptics.

2. Moss, wood-turf, mould, and oakum are useful where there are discharges from the wound.

3. Corrosive sublimate in dilute solution is practically inert as an antiseptic to wounds, and renders the patient and surgeon alike liable to mercurial poisoning.

4. Carbolic acid—which is known to be dangerous in strong solutions—is, in very weak ones, as good for wound irrigation as clean water, but probably no better.—*The Hospital Gazette*, London, June 23.

The new hospital of the Philadelphia Lying-in Charity, at the southwest corner of Eleventh and Cherry Streets, recently completed, is now open for the reception of patients. The hospital is a model of construction. The maternity wards are for the care of married women, and of unmarried women from their first confinement only. Private rooms and surgical wards for treatment

of diseases of women are in a separate and isolated portion of the building. Nurses are furnished to physicians at any hour of the day or night immediately and without charge. Physicians are invited to inspect the building, or, if living at a distance, to write for blanks for the admission of patients to Dr. Charles Meigs Wilson, surgeon in charge, southwest corner Eleventh and Cherry Streets, Philadelphia.

WOUND OF THE AXILLARY ARTERY.—M. Nelaton read before the French Surgical Society (May 9, 1888) a paper upon a wound of the axillary artery, treated by ligature of the two ends of the wound after temporary hœmostasis had been produced through the subclavian by means of an expedient not stated by the authorities. He found the subclavian with difficulty, for there was at the same time a fracture of the clavicle, causing an abundant flow of blood, and passed under it a ligature, with which he raised and slightly compressed the vessel. This done, he made an incision in the axillary space, and tied the artery above and below the wound. The patient was paralyzed for two months on account of the injury to the nerves in the same locality, but is now cured.—*Le Progrès Médicale.*

LIPANIN.—According to the investigations of Buchheim, cod-liver oil possesses no other effect than that of fat. Its advantage over other fats is due to the existence of free fatty acids, which are transformed into soaps immediately upon meeting with an alkali, without the influence of the pancreatic secretion. The brown oils are preferable to the clear preparations on account of their greater richness in these fatty acids. On the basis of these considerations, Prof. v. Mehring, of Strasburg, has devised a substitute for cod-liver oil, consisting of a mixture of olive oil with a 5 to 6 per cent. oleic acid, which is manufactured in Berlin under the name of lipanin. It has a pleasant taste, is well borne by children and adults, in the same doses as cod-liver oil, for a long time, and appears to have the same nutritive value as the latter.—*St. Louis Courier of Medicine.*

QUACK advertisements in religious newspapers are receiving the attention of several of the medical journals, the proprietors thereof being urged by all that is good and gracious to discontinue such questionable practices. The advice is good and proper, but many of them would find themselves in the predicament of Patrick when advised to buy a travelling trunk. "Phwat did ye say, to put my clothes intilt? Be jabers! and go naked?" The subscribers do not pay enough to support these papers. What with chromos, gifts, commissions, and clubs, there is no profit left; but they have the circulation, and that is all that is required on the part of the advertiser. The publisher has the circulation, but no money, that the advertiser can give him,—another illustration of supply and demand, and a proof of the existence of a great law of compensation.

ACCORDING to a late editorial in the American Lancet, Dr. Conner, the learned editor, would have us believe that the mania for establishing hospitals has taken possession of our physicians, and he advances some very trenchant reasons why all hospitals should be absolutely free to the poor, to avoid breeding pauperization and to enable regular physicians to continue in business, as the indiscriminate prescribing, as it is now done, seriously interferes with legitimate work. The idea of placing all hospitals upon the basis of pure charity is a good one, and further, that they should all be supported by the rich, is more to the point. Another step might be advised: let the hospital work be placed in the charge of those engaged in the work of charity organization, so that no one can take advantage of their benefits unless fully entitled to them.

POISONING FROM CHEESE.—The daily papers of Mansfield, Ohio, report a number of cases of poisoning from the use of "Fine Western Reserve Cheese," sold by a peddler in that city. Says the report:—

"Dr. R. Harvey Reed, the Health Officer, learning of the poisoning last night, obtained a sample of the cheese, of which there are two kinds, apparently, but the vender claims the difference in age causes the difference in appearance.

"Dr. Reed intends having the State Chemist, Prof. A. A. Howard, analyze the cheese. His own opinion is, that the instances cited are cases of tyroxicon-poisoning, such as is sometimes reported as having been caused by ice-cream made from partially-spoiled cream.

"Perhaps a more practical explanation of how the cheese obtained its poisonous qualities is that given by one who has handled cheese and is up to all the tricks of the trade. He thinks that the cheese sold yesterday may possibly have been made from partially spoiled and unsalable cheeses, that were ground up and 'made over,' as the process is called."

PUERPERAL FEVER.—Dr. William Goodell writes Medical Standard: "While in charge of the Preston Retreat I succeeded in stamping out puerperal fever from its wards by the following procedure: Previous to the birth of the child, the vagina was cleansed by a quart of (1–2000) mercury bichloride solution. After complete delivery the vagina was again cleansed in the same way. A suppository containing twenty grains of iodoform was slipped into the vagina. A pad of sublimated cotton, kept in place by a T bandage, covered the vulva. My hands and those of

my assistant were carefully cleansed by soap, warm water, and the nail-brush, and dipped into a (1–1000) sublimate solution before each examination. After the introduction of this plan into the Retreat, not only did puerperal fever cease to appear, but ophthalmia neonatorum vanished.

"Every year I am called in consultation to see about a dozen women die from puerperal fever, whose lives, I am sure, might have been saved had the foregoing treatment been adopted."

Displacement of the Testicle.—At a recent meeting of the St. Petersburg Society of Russian Practitioners, Prof. Vladimir N. Popoff showed (Vratch, No. 4, 1888, p. 75) a unique case of ectopia of the testicle in a patient aged 24. The scrotum was found to be normally developed, with the right testicle in its usual situation; but the left half of the scrotum was empty, while exactly at the root of the penis there was a swelling of the size of a walnut, covered with normal skin, and containing an oval body which measured about four-fifths of the normal testicle, but felt somewhat softer. The patient said the swelling had been there since birth. He had, however, suffered in early childhood from an inguinal hernia, and Prof. Popoff thinks it more likely that the displacement of the testicle developed under the influence of the rupture. The man's sexual power was formerly quite normal, but for about six months he had been impotent. Dr. Popoff could find no similar case in medical literature. Prof. Wenzeslaw L. Gruber, the great Russian anatomist, who takes special interest in anomalies, considered the case unique.—*British Medical Journal.*

The first meeting of the Congress of American Physicians and Surgeons took place last month at the city of Washington. This association is composed of representatives of different special societies throughout the country, and was organized to supplant the American Medical Association, although it is based on the very plan to which the leading members objected previous to the organization of the Ninth International Congress, which assembled in the same city in the same month of 1887. Two years ago it was asserted by those who were entitled to be classed with the leaders of the medical profession in America that in the month of September the city of Washington was full of malaria, that no one of prominence was at their homes to entertain strangers, and that a representation from the different States and Territories would form an incongruous make-up, and hence the meeting would be a dead failure. The results proved that they were wrong in their calculations, and the only house of any consequence that was closed to them was the Army Medical Museum. There is no doubt but that the meeting will be successful, and we have no other hope than that its organization will develop a friendly rivalry, and that in the end much good will result.

Alcohol in Climatic Areas.—The opinion which often finds great favor, that the use of alcoholic fluids is a matter of climate, is not confirmed by a recent report which deals very fully with the total abstinence movement, both in the United Kingdom and in the United States of America, and is entitled *Vergleichende Darstellung der Gesetze und Erfahrungen einiger ausländischer Staaten.* It is seen from the report in question that Canada, a very cold climate, has a consumption per head per annum of only 3.28 litres (a litre is one pint fifteen ounces); Finland, 3.30, and Norway, 3.90; whilst the United States consumes per head 4.79 litres of spirits and 31.30 of beer, and the United Kingdom, 5.37 litres of spirits and 14.3 of beer. Austria-Hungary consumes 5.75 spirits and 22.40 wine; Russia, about 16 spirits and 4.5 beer; Sweden, 8.14 spirits and 11 beer; Prussia, 8.60 spirits and 65 beer; Bavaria, 4.31 spirits and 262 beer. Then follow Belgium, with free trade in alcoholic drinks, and consequently with 9.20 litres of spirits per head and 169 litres of beer; Holland, with 9.87 spirits and 27 beer; and last, but not least, Denmark, with 18 litres of spirits and 33 of beer per head; France, 7.28 litres of spirits per head, 119.20 of wine, and 21.10 of beer. It is seen that Canada, Finland, and Norway, all cold countries, are nearly abstinent when compared with Belgium, France, Holland or Denmark.—*British Medical Journal.*

Constituents of Atmosphere.—Recent discoveries by English scientists with regard to atmospheric constituents and how to ascertain them should be of great interest to all. The following are three of the more important tests:—The test for carbonic acid consists in placing several two-gallon glass bottles side by side and filling them with air, withdrawn from different parts of the room by means of India-rubber tubing. Into each bottle is then poured a small quantity of weak baryta-water, which, acting upon the carbonic acid, gives rise to a dense white precipitate of barium carbonate, easily separated by filtration and weight. The germ test is made by means of a glass tube, some two feet long by three inches in diameter, lined inside with a coating of transparent gelatine. A certain quantity of air is made to pass through the tube, and the germs deposit themselves upon the gelatine, where they can live and multiply, and where they may be distinguished and identified under the microscope. For the detection of organic matter, six large glass bottles are filled with distilled water, and are connected with each other by glass tubes. The air, made to pass through the whole series in a continuous stream by means of an aspirator, communicates to the liquid all

the organic impurities with which it was charged, and without visibly affecting its color, causes it to acquire a disagreeable smell. This simple process recommends it to the serious consideration of those who are entrusted with the care of the public health.

INFLAMMATION MASKING CANCER.—Dr. Orecchia has recently called attention (Gazetta degli Ospitali) to the frequent combination of inflammation with cancer in the same part, the graver disease being sometimes so obscured in this way as to be overlooked for a considerable time. He reports six cases in which this occurred. In one of these cancer of the larynx was supposed to be nothing more than perichondritis ; in two cases malignant disease of the jaw was mistaken for osteitis ; in another, periprostitis for some time masked a rectal cancer ; parotitis concealed cancer or sarcoma of the parotid ; and simple inflammation of the lip an epithelioma. The possibility of malignant disease underlying what appears to be a simple inflammatory process should never be forgotten when the age and appearance of the patient, and the part affected, are such as to make the existence of carcinoma probable. Dr. Orecchia believes that in these cases the cancer is the primary disease, which, owing to the slightness of the symptoms, remains unnoticed till the supervention of inflammation calls attention to the part. In the stroma of all the tumors referred to, Dr. Orecchia found much extravasated blood, with abundance of leucocytes, of which there were also a great number in the neighboring tissues.—*British Medical Journal.*

PRIMITIVE MAN AND HIS DIET.—Primitive man, wherever he was first cast, whether in one centre or in more than one, must of necessity have found his food in the plant world. We cannot imagine him commencing his career learned in the arts of hunting, killing, and cooking the lower animals for food. Many infer from this circumstance that the argument in favor of the vegetarian practice is copied direct from Nature, signed and delivered by her. Not quite so fast. There is one interposing barrier to the free acceptance of vegetarian deed and act of conveyance of food from nature to man. Nature herself, of her own right royal will, makes for animals, herbivorous and carnivorous, one distinctive animal food: a secretion from the living animal organism, a fluid which is a standard food—meat and drink in one—the fluid known under the name of milk. Against absolute vegetarianism, then, we may fairly set up one exception, derived from nature as the unerring guide. On observing the habits of animals we discover another natural fact. We find that animals of quite different natures, in respect to primitive selection of food, possess the power of changing their modes of feeding, and of passing over, as it were, from one class to another. This change is distinct, but limited, and we must accept it with all its extension on the one side and with all its limitation on the other. The fruit-eating ape can be taught under privation to subsist on animal diet. A dog can, I believe, be taught to subsist on vegetable diet. But it would be as impossible to teach a sheep to eat flesh as it would be to make a lion feed on grass.—DR. RICHARDSON in *Longman's Magazine.*

BEER-DRINKING IN THE UNITED STATES.—Most of our readers will, we imagine, be as much astounded as we were to learn that during a single year, that of 1886, there was consumed in the United States the enormous amount of 642,967,720 gallons of malt liquors, the consumption per capita of the proportion being 11.18 gallons. In a recent report on "Foods and Food Adulterants," issued by the United States Department of Agriculture, Mr. C. A. Crampton, chemist, says that "the production of malt liquors in this country as an industry is second only in importance to the production of breadstuffs. Their consumption is steadily on the increase, as is also the amount consumed in proportion to other kinds of alcoholic beverages." Thus, in 1840 the consumption of malt liquors in the United States was 23,310,843 gallons, or 13.6 gallons per capita, whereas, as has been already stated, nearly twenty-eight times as much was consumed in 1886. It is a matter of interest to know that, great as this amount is, it is exceeded by several other nations. In the United Kingdom, 32.79 gallons were consumed in 1886 per capita, and in Germany, 23.78 gallons, while 11.18 gallons represents the per capita consumption in the United States. It is estimated that the money expended for beer in this country per annum is $304,852,683. The further statement is made by Mr. Crampton that the per capita consumption of distilled spirits has decreased in the same period from 2.52 gallons to 1.24, or, in other words, that the malt liquors have been driving out the distilled at the rate of about .05 gallon per capita each year, and supplanting them at the rate of about .38 gallon.—*Brooklyn Medical Journal.*

SURGEON F. M. DOLAN, M.D., F.R.C.S.E.—We observe in a recent issue of the British Medical Journal that Dr. F. M. Dolan, the editor of the popular Provincial Medical Journal, published at Halifax, England, and an active practitioner in that city, is announced as surgeon to the First Volunteer Battalion, the Duke of Wellington's West Riding Regiment (late the Fourth West Riding). This regiment, to which Dr. Dolan is assigned, belongs to the Army Medical Reserve of England. For some years Dr. Dolan has been a very conspicuous worker in the med-

ical profession, especially in his writings, which have been very popular. He has been active also as a practitioner, in journalism, and in his attentions to the medical meetings at home and abroad. He has been one of the energetic members at the annual meetings of the British Medical Association, at the International Medical Congress, at Copenhagen, and was in attendance and one of the vice-presidents of the Ninth International Medical Congress held in Washington last fall. At the meeting just referred to, Dr. Dolan read a most interesting paper, which was published in the columns of many American medical journals, and was received with most favorable comments. During Dr. Dolan's brief stay in America his courtly and polished manners, his fluent powers in conversation and public speaking, and his manly and soldierly bearing attracted to him very many American physicians. We are therefore pleased to learn that Dr. Dolan is not only active as a practitioner and writer, but equally so as a surgeon to serve his country.

How to Tell Approaching Pneumonia.—The approach of pneumonia is not always without warning. There are usually certain feelings or sensations of the body which tell, with greater or less certainty, that an attack is beginning. An individual, for a day or two prior to the actual invasion of the disease, feels badly in a general way. These bad feelings consist in a chilliness of the whole body, and if his clothes are at all damp with perspiration he feels cold and uncomfortable. He is feverish, and yet it seems impossible for him to get warm. This feverishness is attended with great chilliness, which increases when he is exposed to a draught of cold air. As evening approaches all these bad feelings are increased, and when night comes on he has pains in his back and limbs, accompanied by a slight cough and an unnatural frequency of breathing, with unusual quickness of the pulse and a feeling of uneasiness or oppression about the chest. His sleep is disturbed by chilliness, restlessness, and unpleasant dreams. The warmth of his bed and bed-chamber may cause a slight cessation of his bad feelings, and in the morning, feeling better, he goes out attending to his business, only to have all his bad feelings return with increased force at the approach of the ensuing night. Should he heed the warning implied by the return of his bad feelings, and confine himself to an equal temperature of about 65°, and partake of copious drinks of hot tea, coffee, or milk, he may possibly avert an attack of the disease. But, unfortunately, he is apt to neglect to do this, and his going about is only arrested by an actual invasion of pneumonia, which usually comes on in from one to three days.—Dr. J. B. Johnston, in *The Medical Summary*.

The Intra-Muscular Injection of Mercury in Syphilis.—At a meeting of the Medical Society of London, on Monday evening last, Mr. J. Astley Bloxam read his paper on the "Intra-Muscular Injection of Mercury in the Treatment of Syphilis." After recapitulating the various solutions and mixtures which had been suggested for injection purposes, some of which were bulky and unstable, and others productive of abscesses, he advocated a solution of sal alembroth, made by mixing the perchloride of mercury with pure chloride of ammonium, ten drops of which, in the form employed by him, contained one-third of a grain of the salt of mercury. Mr. Bloxam has used this solution by way of injection many hundreds of times, always with satisfactory results, and without the production of any abscess or inconveniences beyond the pang of the puncture. The method, he said, had the advantage of necessitating his seeing the patients but once a week for the purpose of repeating the operation; it saved the patient the gastric and intestinal disturbances which follow or accompany the administration of a drug *via* the mouth, and leaves one free to give tonic or other medicines. The only precautions to be taken are: (1) to make the injections deeply into the muscular structures of the buttock, changing sides each time; (2) to have the solution fresh and clear; and (3) to change the needle frequently to avoid the risk of breaking off, owing to the brittleness caused by the action of the mercury on the steel.

We do not anticipate that Mr. Bloxam will find many imitators. The method is open to serious objections, and in our opinion is uncalled for. Even as there are known to science more certain methods of killing a dog than attempting to choke him with butter, so modern researches have revealed methods of mercurializing the system without nauseating the patient by forcing him to swallow the drug or making him wince by sticking a stiff injection needle into his gluteal region once a week. On the other hand, the intramuscular method has the merit of compelling the patient to keep in touch with his surgeon. When medicines only are given, patients often use the same prescription for months without giving the surgeon a chance of earning another fee.—*The Hospital Gazette*, London, April.

[The brief but excellent synopsis of Mr. Bloxam's paper, contained in The Hospital Gazette, reflects great honor upon a practical and thorough clinician. For years it has been my privilege to treat very many cases of obstinate syphilis, which have resisted all other methods of treatment, by hypodermatic injections of one of the mercurial salts with unusual good results. Since Mr. Bloxam's first observations upon the intra-muscular injection of mercury in syphilis, I have again and again tried the same treatment with

the beneficial effect that he describes. The physician not only controls the patient, but has an opportunity of building up the system with good food and suitable tonics. At the same time the mercury acts more speedily, and the results are more satisfactory.—JOHN V. SHOEMAKER, M.D.]

A VISIT TO PISTYAN.—The town or village (in the Hungarian language Pöstyén) has some 150 houses and about 1000 resident inhabitants. There are about 800 furnished rooms for visitors, a comfortable hotel, a *curpark*, or pleasant public walk on the banks of the river, with a theatre, and the usual music and amusements of a German bathing-place. All this, at present, is on a small scale, but it is expected that before long a society of neighboring proprietors will unite in the endeavor to rival Vichy, Homburg, and Carlsbad. The bathhouse is on an island in the park, formed by a division of the Waag into two branches. The season opens on May 1st, and closes on September 30th. In one bathhouse there are about twenty private bathrooms, and one so-called mirror-bath, about four feet deep, in which patients may sit or swim. In another house there is a public bath, about four feet deep, the water at a temperature of 98° to 104° F., where patients of both sexes in bathing costumes take their baths in company. In the private baths the temperature of the water is usually from 86° to 98°. In this second house there is also the mud-bath, two and a half to three feet deep, the temperature of the mud varying from 100° to 105°. Here the natural warm water springs up in different places amid the mud, which is the only foundation of the baths. In this building there are also forty cabins for the local application of the mud to joints only or to some special region. Close by are the springs of the mineral water for drinking. The temperature of the water in the springs varies between 45° and 51° Réaumur (132° and 147° F.). It is quite transparent and colorless, has a slight odor of sulphuretted hydrogen, rather a pleasant taste, and slightly reddens litmus paper. Analysis shows that it contains rather more than a drachm of sulphurous acid in sixteen ounces, a little carbonic acid, and some lime, soda, potash, and magnesia, with a trace of phosphate of iron. Another analysis gives rather more than three cubic inches of free carbonic acid, and half a cubic inch of free sulphuretted hydrogen to the pound of water. The mud (*Schlamm*), which is found as a foundation wherever the hot water springs up, is of a grayish-green color, and of the consistence of soft butter. It is much hotter than the water and cools more slowly. This mud is the real *specialité* of Pistyán. It has a much stronger odor of sulphuretted hydrogen than the water. In 100 parts of the mud there are said to be some 65 of silicious earth, 13 chalk, 6 oxide of iron, 14 clay, and a little phosphoric acid, with magnesia and some organic substance.

I took one of the water-baths at about 95° for twenty minutes, simply as an experiment. On getting out of the bath, an attendant carefully covers up the bather in linen sheets and woolen coverlet, and leaves him to repose and perspire for half an hour or more. In many cases the perspiration is kept up for a definite time, and the patients are not allowed to walk to their apartments, but are taken in a sedan chair or small carriage. Bronchial catarrhs, uterine and bladder catarrhs, and chronic intestinal catarrhs, are all greatly benefited by a course of these baths, and children with whooping-cough are said to be very soon cured by staying in a room which contains the vapors from the Pistyán water. Constipation, hæmorrhoids, and amenorrhœa are also relieved, probably by the continuous free action of the skin lessening venous congestion, restoring the contractility or tone of the relaxed or dilated veins, and leading to increased appetite and better assimilation of food.

But the most remarkable effect of the Pistyán treatment as a whole—baths, water and mud—is the removal of chronic exudations, especially those about joints and tendons, which have caused the so-called "spurious ankylosis." Patients thus crippled, with more or less evidence of peripheral paralysis, and some where paralytic and neuralgic conditions are evidently associated with or follow some serious change in the central nervous system, are among the most numerous and the most successful of the cases which have kept up the reputation of Pistyán. Many inveterate cases of sciatica have been completely cured. In one sentence it may be said (using the words of the late Dr. Scherer, who wrote on the combination of electricity and massage, with the Pistyán treatment) that this combination "stimulates and increases the vital functions of the skin, the mucous membrane, the nervous and circulatory systems, and consequently leads to absorption of pathological products." The last effect is greatly promoted by the mud-baths, sometimes used for the whole body, but more often for one joint or limb, either immersed in some suitable vessel, or used like a poultice.

It is evident, therefore, that the Pistyán treatment is resorted to in a great number of different conditions, the chief of them being those which are loosely called "gouty," and which lead to more or less swelling, stiffness, and deformity of the joints, and are associated with the uric acid diathesis. Next to the gouty come the rheumatic affections of muscles and joints, ankylosis and neuralgias, especially sciatica. Sufferers from chronic rheumatism soon experience remarkable benefit, and so do many with chronic periostitis, whether a sign of tertiary syphilis or not, and

many paralytic cases, especially hemiplegia which has followed an apoplectic attack or some wound or injury, or lead or mercurial poisoning. I also heard of some remarkable cures of facial paralysis, and of relief to the pains of locomotor ataxy. These are the cases where electricity and massage are principally employed in addition to the other treatment, with a rational surgical and orthopædic treatment on the principles of modern surgery. After the last war a great many wounded men, who had suffered from simple and compound fractures of bones, or chronic exudations after other injuries, or neuralgia after amputations or resections, recovered rapidly at Pistyán. And so with other chronic inflammatory swellings of glands, pelvic exudations, metritis and its results, uterine fibroma, and hæmorrhoids. Such are the cases where, as is well known, sulphur-baths at Ischia and other places have been the great popular remedy. But at Pistyán we have, perhaps, the best of the sulphur-baths hitherto made use of, more powerful and less disagreeable than any of the others.—SIR T. SPENCER WELLS, in the *British Medical Journal.*

BOOK REVIEWS.

Pelvic and Abdominal Diseases: Conditions Rendering Diagnosis Difficult in, is the title of an address delivered by PROFESSOR HARVEY before the Marion County Medical Society last January.

It is a readable and interesting paper, and is made the more valuable on account of containing the discussion which followed. Prof. Harvey is a clear thinker and practical writer, and whatever comes from his pen is always worthy of perusal and study. We wish there were more like him.

Proceedings and Addresses at a Sanitary Convention, held at Albion, Michigan, is a pamphlet issued as a supplement to the report of the Michigan State Board of Health for the year 1888.

Like all publications from this office, it is filled with words of wisdom, and the secretary, Dr. Baker, is to be congratulated on having developed so great an enthusiasm in this particular direction. It will not be long ere every citizen of that great State will be well enough qualified to act as a sanitary expert.

Excessive Venery, Masturbation, and Continence. The etiology, pathology, and treatment of the diseases resulting from venereal excesses, masturbation, and continence. By JOSEPH W. HOWE, M.D. Cloth, 8vo., pp. 299. New York: E. B. Treat, 1888. Price, $2.75.

According to the preface, the work of Dr. Howe contains the substance of a course of lectures delivered upon these very important subjects in the medical department of the University of New York. In order to make the volume more complete the methods of treatment adopted by others have been inserted, and in its present form it appears to be an acceptable reference book. Perhaps the chapter on Continence will most interest our readers, as the author believes that fulfillment of function is necessary to a healthy organization. He takes cognizance of the moral aspect of the case; gives us the views of clergymen on the subject and their advice; the opinions and actions of others. Judging from the advertisements which grace (?) the columns of our religious journals, we should not be inclined to take much stock in the advice of many so-called clergymen; and we have to say that the influence of the physician is of the greatest importance,—a matter which was pointed out in an editorial in this journal for August, under the head of "Spermatorrhœa and Seminal Emissions." We heartily commend the work of Dr. Howe, and suggest that herein lies a promising field for missionary work.

Therapeutics: Its Principles and Practice. By H. C. WOOD, M.D., LL.D., Professor of Materia Medica and Therapeutics in the University of Pennsylvania. The seventh edition of a treatise on therapeutics, rearranged, rewritten, and enlarged. Cloth, 8vo., pp. 908. Philadelphia: J. B. Lippincott Company, 1888. Price, $6.00.

The statement is made on the title-page of this volume that it is "a work on medical agencies, drugs, and poisons, with especial reference to the relations between physiology and clinical medicine;" and an examination of the text lends color to the idea that this sub-heading would be the more appropriate of the two. For many years the author has been identified with what is now known as the physiological method of treating disease,—so much so that, in fact, he may be regarded as the leading apostle of that school; and the demand for the work is evidence that a spirit of investigation exists in this direction. An inquiry into the general character of the work is all that will be undertaken here, as it would be impossible to give the matter sufficient space to enable us to take up all the details which ordinarily present themselves.

Opening the book at random, we turn to page 416, article "Aconite," and, although eleven pages are given to the discussion of this important remedy, he says there are but two or three indications for its use, and these he briefly points out in the space of little more than a single page, under the head of "Therapeutics." The subject of hydrocyanic acid, page 419, has also eleven pages, but the therapeutics of the same is con-

fined to less than one page. Caffea—coffee—occupies ten pages in its consideration, although a trifle over a page is all that is necessary to elucidate its therapeutics. In all of these instances considerable space is devoted to a consideration of the physiological action, and, while that is not the main object, it is one of the most conspicuous features of the book. In this connection frequent references are made to contributors in medical journals and also in text-books, showing that our author has been particularly observant in this department. Occasionally he has not seen fit to do anything more than give a list of references, for the purpose of aiding the reader who may wish to investigate the matter from his own stand-point; and in such instances he has given us simply his own views as they have been formed from investigation and from reading. Other points receiving attention may be of interest, and should be mentioned,—the effect of the medicament in man and animals on the nervous system, upon the circulation, upon the kidney, upon respiration and temperature, and the mode of elimination. The toxicological action is also considered, as well as the method of administration in therapeutic doses, together with the measures to be adopted when poisonous doses are taken into the system. On the whole, this is a plan which commends itself to those having the time and disposition to read and study, and must prove of immense value to any who are engaged in the preparation of papers for publication; but to the busy physician, and to those who care nothing about this class of work, some doubts are entertained as to the welcome it will receive. Many physicians care nothing about theories, about physiological action. What they want is comprised in the expression, "therapeutic indications." It is the direct method of putting things which has placed the stamp of success upon Ringer's book, which has given Bartholow his reputation. The busy physician cares not whether he is applying remedies empirically or physiologically, and does not thank any one to advise him that it would be profitable for him to study the matter. He wants a list of formulæ, and what he cannot carry in his head he arranges to take in his pocket. In speaking, therefore, of the amount of consideration given to the physiological action of drugs, we would not condemn the practice, but simply indicate the plan of the author; and we do not think that our observations are in any way calculated to interfere with the demand for the book, but rather, on the contrary, will more likely have a tendency to augment its sale. This peculiarity does not at all invalidate the character of the work for the writer, and he is of the opinion that much benefit will result from its perusal and study.

Referring to the subject of cardiac depressants, page 384, we are inclined to the opinion that his judgment is not yet fully matured in regard to the cause of convulsions attending the use of these remedies. There seems to be lacking a completeness which is so remarkably prominent in Brunton; but much of this difficulty may be due to the dogmatic method of Dr. Wood as compared with the easy and graceful inductive style of the former.

There are some indications that there has been a lack of experimental research in certain directions, or possibly our author does not deem it wise to enter into any extended study of remedies which have been brought forward by others. Thus, the bromide of lithium has been disposed of in eleven lines, although twelve and a half pages are taken up with a discussion of the bromides as a whole. Sulphide of calcium (page 682) has less than ten lines. Ignatia has but ten lines, but that can be understood when it is stated that strychnine has sixteen pages, two of which only are given to therapeutics.

Under the article "Cannabis Indica" (page 197) there is an interesting account of the effect of that drug, being the personal experience of the author from a large dose taken experimentally.

When he comes to the alteratives Dr. Wood seems to be baffled, as he says: "Their action may be silent and imperceptible; their mode of influence may be unknown; but their therapeutic effects are among the most assured facts." The physiologist having been thus far unable to explain to our satisfaction the phenomenon of the nutritive forces, nor can the pathologist discover the essence of morbid processes met by alteratives, so Dr. Wood claims that the therapeutist should not be expected to explain the *rationale* of his treatment; and this brings us directly back to the views advanced in the beginning of the paper. Our author exclaims, "It is absurd to gaze into mid-air for the crowning spire before the foundation-stones of the temple are laid!" He must realize that "verisimilitude and opinion are an easy purchase; but true knowledge is dear and difficult."

Probably sufficient has already been said to enable the general practitioner to judge of the character of the work, and we have only to add that a very complete general index has been prepared, although the index of diseases is not so convenient, as it is necessary to refer to the text for the information wanted; but in its preparation much valuable time has been saved, and it may be just as well not to transfer the body of the work to the index. The work has undergone six revisions since the original issue, fourteen years ago, and great changes have been effected in this one. It is practically a new book.

COMMERCIAL NEWS.

Sulphate of Thallin.

Dr. Charles L. Mitchell, the well-known manufacturer of Soluble Medicated Gelatin Preparations, has recently added to his list of Medicated Urethral Bougies, several different combinations of the new remedy, Sulphate of Thallin. As an evidence of their value in the treatment of acute and chronic Gonorrhœa, the following may be of interest to the profession:—

68 West 36th Street, New York,
September 15, 1888.

Dear Dr. Mitchell:—

Your Thallin Urethral Bougies are a very valuable addition to your list, and have given me much satisfaction, especially in abating irritation and soreness of the urethra and in reducing the discharge. They have also acted as an abortive in recent cases of gonorrhœa when the patients were seen early, during the first stage of the disease.

Yours, most sincerely,
Robert Mewman, M.D.

Full circulars and medicative lists can be obtained by addressing Dr. Charles L. Mitchell, 1016 Cherry Street, Philadelphia.

Lactated Food.

Our readers will doubtless notice the unique and beautiful advertisement of "Lactated Food" in this issue of the Medical Bulletin. Any physician can get a handsome cabinet photograph of these pretty triplets sent to him free of charge by writing to Wells & Richardson Company, Burlington, Vt., and mentioning the Medical Bulletin in his request.

Stomach Disorder.

"I have tried Crystalline Phosphate in my own family, in a case who has never been able to take any other preparation of phosphates on account of unpleasant effects on the stomach. She feels a positive benefit from your preparation, with none of the unpleasant effects."

O. W. Sadler, M.D.,
Pittsburg, Pa.

"I have used Crystalline Phosphate in certain forms of stomach disorders and nervousness with good results."

F. W. Main,
Jackson, Mich.

Hard-Rubber Trusses.

One of the interesting sights of Philadelphia to a physician is the mammoth establishment of J. B. Seely & Co., manufacturers of Hard-Rubber Trusses, Supporters, Shoulder Braces, Elastic Knee Stockings, Knee Caps, Anklets, and many other alleviators of a large portion of poor humanity's numerous miseries. The business was established as long ago as 1859. They have lately moved to No. 25 South Eleventh Street, extensive alterations having been made to suit the peculiar requirements of their business. Their goods are sent over the entire globe. Among the immense pile of prescriptions on their files can be found those of every leading practitioner in the United States; and by invitation of Dr. Brinton, Professor Keen, and Dr. J. William White, the members of the firm have demonstrated the practical application of their manufactures before the students of Jefferson Medical College, the Woman's Hospital, and the University Class at Blockley. They thoroughly understand their business; and, careful of their well-won reputation, intend to continue the same energetic methods which have characterized this concern in the past to maintain their position as the leading house in their line in this country.

For Sale or Lease.

For sale or lease for long time large Medicinal Spring, splendid location, and Water Cure, newly furnished, steam-heat, electric light, and all modern conveniences. Established and prosperous business. For particulars, address Box 664, Cincinnati, Ohio.

A New Edition of the United States Dispensatory.

J. B. Lippincott Company take pleasure in announcing that a new edition of the United States Dispensatory is now being bound, and will be ready in a few days. The revision has been thorough, and not merely the addition of a supplement. More than one-third of the book, or nearly eight hundred pages, is entirely new matter, while the whole work has been most carefully rewritten. The National Formulary has been incorporated.

Philadelphia, September, 1888.